



NH HUMANE SOCIETY

Laconia • New Hampshire

Application for Spay/Neuter for cat or dog P.A.W. Program

Instructions

You must be approved BEFORE the surgery
Send your completed application with proof of eligibility to:

NHHS
PO BOX 572 Laconia NH 03246
Attention: Spay Neuter Fund Admin

Guidelines and Parameters for Applications to This Fund

Please read carefully

1. This program is open to residents within our contract service area. If you are not a resident of one of our 16 towns you are not eligible for this program.
2. Household must show cause for access to this program, living at 100% of the Federal Government 2014 Poverty Guidelines.
3. There is \$20 per pet co-pay due at time of service, limit 3 pets per household. Limited to one application per calendar year.
4. Pain management and basic vaccines will be covered by the fund. Rabies vaccines are required by State of NH law.

PART 1 – APPLICANT/PET INFORMATION

Name of Pet Owner: _____ Telephone Number: _____

Mailing Address: _____ Town: _____ Zip Code _____

Email Address: _____

Would you prefer to be contacted by phone or email? _____

Part 2 – PET INFORMATION (CIRCLE THOSE THAT APPLY)

Type of Pet: *Female Dog * Male Dog * Female Cat * Male Cat

Breed: _____ Age: _____ Name of Pet: _____ Weight: _____

Is your pet current on rabies vaccine? _____ Distemper vaccine? _____

Federal Funding of a one-time loan made it possible for this facility to exist. We make payments on this loan every month and as a requirement of receiving these funds we ask you to complete the following information

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Hispanic |

This application will be considered without regard to race, color, gender, age, disability, religion, political or national origin

SIGNATURE: _____ **DATE:** _____

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY (circle those that apply to you)

*Medicaid or Medicare *Old Age Assistance Program *Supplemental Security Income Program

*Aid to the Permanently and Totally Disabled Program

YOU MUST SEND PROOF OF YOUR ELIGIBILITY WITH THIS APPLICATION

Acceptable verification can include copy of Notice of Decision/Statement of Benefits/Bank statement showing federal deposit/Medicare/Medicaid.

PART 3 – APPROVAL BY PROGRAM ADMINSTRATOR

Signature of NHHS Administrator

Date SX scheduled

Funding for this program was provided by the NHHS P.A.W. Fund

Income Verification Form

There is/are _____ person/people in my household.

My/our gross monthly income (before taxes are taken out) is \$_____

This amount should include pensions, worker's compensation, social security, child support, alimony or any other income source.

I submit a copy of my paystub/bank statement or award letter.

I attest this information is true and correct to the best of my knowledge.

I can be reached at _____ to set up a time to schedule the surgical sterilization of my pet/s.

Signature of Application

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal.