



Bikers Against Animal Cruelty, Inc.

P.O. Box 68, North Haven, Connecticut 06473

BikersAgainstAnimalCruelty.org

SPEUTER VOUCHER PROGRAM APPLICATION

In an effort to combat the problem of pet overpopulation and to promote healthy pet-care, B.A.A.C. has partnered with a few area veterinary hospitals and clinics in Connecticut to provide spay and neuter services. Individuals that apply for assistance will receive a SPEUTER voucher redeemable at a participating clinic. The Clinic will provide spay or neuter services and B.A.A.C. will cover the balance depending on the needs of the program participant.

SPEUTER is intended to assist low-income pet owners, senior citizens or independent rescuers afford the cost of spaying or neutering their dog or cat. Our SPEUTER program is made possible through generous donations, grants, and the generous time and resources by participating veterinarians who believe in the importance of spaying and neutering as part of a complete pet healthcare program. This program will last as long as the funds are being provided that enable us to make available this very important and valuable service.

In order to apply for assistance, simply fill out this form completely and mail to above address, you will be notified about your eligibility for SPEUTER **within 2 weeks** of the time your application is received.

You may only apply for your own dog and/or cat. If you have more than one pet that needs to be spayed or neutered, please include that information about the other pets that need assistance.

IMPORTANT

Please fill in all fields. If a field does not apply to you, please type in "N/A" or "0". Applications take 2 weeks to process. Incomplete applications may be denied.

SECTION I: All Fields in this section are required

Last Name:

First Name:

Email:

Birthdate (mm/dd/yyyy):

Street 1:

Street 2:

City:

State:

CT

Zip:

Phone Number:

Would you like to receive periodic updates and communications from Bikers Against Animal Cruelty, Inc.?

Yes

No

SECTION II: Employment. Proof of employment may be requested.

Employer:

Employer Address:

Job Title:

SECTION III: Please enter total current HOUSEHOLD income. Proof of Income may be requested.



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What is the total household income per week: \$

What is the total household income per month: \$

Please include any other income per month (including public assistance, alimony, interest income, etc.)

Total monthly rent/mortgage/board: \$

Please check all of the public assistance programs in which you participate:

- | | | | |
|--------------------------|--|--------------------------|-----------------------|
| <input type="checkbox"/> | Food Stamps | <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | Federal Supplemental Security Income (SSI) | <input type="checkbox"/> | Rental Assistance |
| <input type="checkbox"/> | Aid to Families with Dependent Children | <input type="checkbox"/> | Fuel Assistance |
| <input type="checkbox"/> | Social Security | <input type="checkbox"/> | Disability |
| <input type="checkbox"/> | Women, Infants and Children (WIC) | <input type="checkbox"/> | Unemployment Benefits |
| <input type="checkbox"/> | Other: | | |
| <input type="checkbox"/> | None | | |

SECTION IV: Household details are required.

How many humans live in the household (including children)

Please list all household members, INCLUDING YOURSELF, who relies on the above stated income. Indicate full-time (FT) or part-time (PT) for those employed; STUDENT; UNEMPLOYED; RETIRED, INFANT, TODDLER, etc. next to status.

Household Member #1

Last Name: _____ First Name: _____
Age: _____ Occupation: _____ Status: _____

Household Member #2

Last Name: _____ First Name: _____
Age: _____ Occupation: _____ Status: _____

Household Member #3

Last Name: _____ First Name: _____
Age: _____ Occupation: _____ Status: _____

Household Member #4

Last Name: _____ First Name: _____
Age: _____ Occupation: _____ Status: _____



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Household Member #5

Last Name:

First Name:

Age:

Occupation:

Status:

Use the back of this form for additional household member's information.

SECTION V: Please include all details regarding your pet that you are applying for SPEUTER services for.

Pet's Name:

SPECIES:

Dog

Cat

** Please note that all cats benefitting from the SPEUTER program will have their ears notched, no exceptions.*

Pet's Breed:

GENDER:

Male

Female

Color & Markings:

Weight:

Age:

How did you acquire this pet?

How long have you had this pet?

If this pet is a female, has she ever had a litter:

If Yes, how many:

Do you bring your pet for regular veterinary checkups?

If so, please list the veterinary office name and address:

Please list all vaccinations and most recent dates they were administered:

Do you let your pet(s) go outdoors unsupervised?

Do you have any other pets?

If yes, please list all other pets:

Are these pets spayed or neutered:

Please list the following information for any other pets that need spay and/or neuter assistance. (INCLUDE NAME / SPECIES / GENDER / COLOR / WEIGHT / AGE / HOW ACQUIRED / HOW LONG YOU'VE HAD THE PET / NUMBER OF LITTERS IF APPLICABLE):

Use the back of this form for additional space.



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SECTION VI: CONCLUSION

How did you hear about the SPEUTER Voucher Program?

By signing this form, I CERTIFY that the personal details provided on this form are true and correct.

Signature: _____

Print Name: _____

Date: _____

Please mail application to above address..