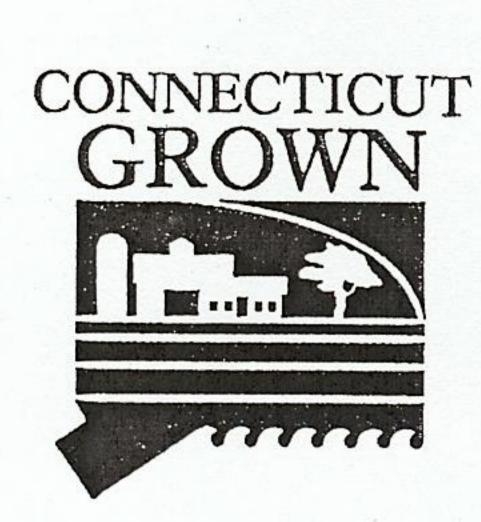
Approved:

Yes

No 🗆

STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM



LOW-INCOME PET STERILIZATION APPLICATION

Effective 7/1/11

The Department of Agriculture is providing on a limited basis, assistance to help with vaccination and sterilization costs for your pet(s). If approved, you may be eligible to receive up to two (2) spay/neuter vouchers per household. The voucher provides up to \$50 for a male cat, \$70 for a female cat, \$100 for a male dog and \$120 for a female dog. The voucher also provides for one (1) rabies and one (1) distemper combination vaccination available ONLY when the pet is sterilized. You may be required to pay for additional services as specified by the veterinarian. If you are not prepared to pay for added

| services, please do not submit this application. | | |
|---|---|---|
| You must complete the reverse side of this form to dete | | |
| Please list your pets below: | bit out to you ment sometimes evices any off the full | |
| Pet 1: (ATT) somstelse A ville at v | <u>Pet 2</u> : | |
| □ Dog □ Cat □ Male □ Female | □ Dog □ Cat □ Male □ Female | |
| Breed: | Breed:ALAOA8 | |
| Color: on al sansier aint of sanogaer of hebres | Color: | |
| Age: | Age: | |
| Please mail this application to: | Signature of Individual or Representative | |
| Animal Population Control Program Room G-8A 165 Capitol Avenue | Print Your Name or Representative Name | |
| Hartford CT 06106 | | |
| Questions? Please call 860-713-2507 or send an exoucher (s) will be mailed to the address listed on the a THIS FORM MAY BE | application with specific compliance instructions. | or this program. Female Once approved, your |
| Department of Agriculture Use Only: | | |
| | | |

Signature/DAG Official:

Date:

CONNECTICUT DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM

THURST BENEFIT BENEFIT BOUNDED BOUNDERS

PERMISSION TO DETERMINE ELIGIBILITY

| Name | Phone # | | | | |
|---|-------------------------|--------------------|----------------------------------|-------------------|--|
| Address | | | | | |
| City | | State | Zip Code | one goo si | |
| I give the Connecticut Department of S Connecticut Department of Agricultur program(s). | Social Service (DAG), n | ces (DSS) permis | ssion to disclosus for the follo | e to the wing DSS | |
| Do you receive assistance from any of th | e following | programs? Chec | k any that apply | Nortell oas: | |
| SNAPTemp | orary Famil | y Assistance (TF | (A) | | |
| Medicaid HUS | KY A | State | Supplement | | |
| SAGA/LIA Care | 4 Kids | | | | |
| I understand my eligibility information protected by DSS privacy regulations. | n provided i | n response to the | is release is no | longer | |
| Signature of Individual or Representative | DSS | Client ID# or S.S. | | | |
| Print Your Name or Representative Name | e | | | | |
| DSS Official Use Only: | | | | | |
| I verify that the above-named individual i | is eligible fo | r the following D | SS Program(s): | | |
| SNAP TFAMedicaid H | USKY A | _State Supp | SAGA/LIA _ | C4K | |
| Signature of DSS Official | | Date | | Rev 6/11 | |