



STATE OF MAINE  
 DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY  
 ANIMAL WELFARE PROGRAM  
 28 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333-0028



JANET T. MILLS  
 GOVERNOR

AMANDA E. BEAL  
 COMMISSIONER

# HELP FIX ME! Spay/Neuter Clinic Application

**INSTRUCTIONS FOR ANIMAL OWNER:** Complete this form. Our limit is one pet per application.

**ENCLOSE THE APPROPRIATE PAYMENT:** Cat \$10.00 - Dog \$20.00

Make check or money order payable to: Treasurer, State of Maine.

**Provide proof OF ELIGIBILITY:** (Please check off the qualifying program(s) in which you are enrolled)

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Social Security Disability (SSD)
- Income less than 133% of poverty level

**TO BE COMPLETED BY ANIMAL OWNER**

Name of animal owner: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (You must be at least 18 years old to receive a voucher)

Mailing address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Type of Pet:     Cat         Dog         Female     Male

**RELEASE OF INFORMATION:** By signing this application, I give the Department of Agriculture permission to verify my eligibility by contacting the Department of Health and Human Services. I also confirm that my cat or dog was not imported from out of state into a Maine animal shelter, rescue, pet store, or adoption agency. Applications not signed will not be processed.

Signature of animal owner: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

**Help Fix Me Phone #:1-800-367-1317**

ANIMAL WELFARE PROGRAM  
 90 BLOSSOM LANE, DEERING BUILDING

