



1370 South Main Road, #138
 Vineland, NJ 08360
 (856) 503-5572
 www.AnimalFriendsFoundation.com

Application to Participate in Spay/Neuter Program

Thank you for your interest in our free or low-cost spay/neuter programs. This is the best way to help reduce the over-population of unwanted companion animals in our community. Funds for these projects are limited and your application will be prioritized according to need. *Please note that if your application concerns a colony of feral cats, your application will also be reviewed for your willingness to trap (if needed), transport, provide recuperation after surgery and maintain your colony.*

Please complete and sign this application and return it to a member of the Animal Friends Foundation or to the mailing address above.

Responsible person _____ Caregiver's name (if different) _____

Address _____
(street) (city and state) (zip) (e-mail)

Phone Number (with area code) _____ Cell Phone or alternate number _____

Please indicate if you or someone in your household is currently receiving financial assistance from any of the following programs (CHECK ANY AND ALL THAT APPLY):

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Food Stamps | 5. <input type="checkbox"/> Aid to Families (AFDC) | 9. <input type="checkbox"/> Pharmaceutical Assistance (PAAD) |
| 2. <input type="checkbox"/> Medicaid | 6. <input type="checkbox"/> Lifeline Utility Credit | 10. <input type="checkbox"/> Senior Gold |
| 3. <input type="checkbox"/> General Public Assistance | 7. <input type="checkbox"/> Tenants Lifeline Assistance | |
| 4. <input type="checkbox"/> Rental Assistance | 8. <input type="checkbox"/> Supplemental Security Income (SSI) | |

Describe the animal(s) needing assistance (dog or cat, breed, age, state of current health, etc.). Please indicate if any cats are feral and/or part of a feral colony. (Additional information may be entered on a separate sheet.)

If feral, location of group or colony _____ Approximate number of cats _____
(This information will be held in strict confidence)

Have any of the cats already been altered? _____ Have any of the cats already had their shots? _____

Please describe your financial situation and why you are requesting financial assistance from AFF (use additional sheets if necessary). If some surgeries have already been done, who paid for them? (Please list any outside financial assistance you were able to obtain). If you are applying for help with a feral colony, please let us know how you currently provide food for them.

The Animal Friends Foundation has a limited number of outside shelters for feral cats available. We also occasionally receive donations of pet food to distribute. Please indicate if you are interested in feral shelters food donations

Please check all that apply before signing below:

- If this application concerns feral cats, I understand it will be my responsibility to spay/neuter only outside/stray/ feral cats, to transport and recuperate the cats after surgery and maintain the colony I have identified. I also certify that the above information is correct and I agree to hold harmless the Board of Directors and volunteers of the Animal Friends Foundation for any liability associated with this project.
- If this application concerns pets (dogs or cats), I certify, to the best of my knowledge, that the above information is correct and I agree to hold harmless the Board of Directors and volunteers of the Animal Friends Foundation for any liability associated with this project.

Printed Name

Signature

Date

Thank you again for working to end the tragedy of unwanted companion animals.

If your application is approved, a representative of Animal Friends Foundation will contact you with further information.

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<input type="checkbox"/> Approved	<input type="checkbox"/> CCIA
<input type="checkbox"/> Not approved	<input type="checkbox"/> Grant Funds _____
<input type="checkbox"/> Need more information	<input type="checkbox"/> Other _____