Animal Friends
FOUNDATION, INC.

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

Application to Participate in Spay/Neuter Program (Southern New Jersey ONLY)

Please complete and sign this application and return to address above along with a copy of your most recent filed federal income tax return (Form 1040EZ,Form 1040A,Telefile Tax record, or page#2 of Form 1040. Block out all social security numbers to insure your privacy.

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. ☐ Food Stamps
2. ☐ Medicaid
3. ☐ General Public Assistance
4. ☐ Rental Assistance
5. ☐ Aid to Families (AFDC)
6. ☐ Lifeline Utility Credit
7. ☐ Tenants Lifeline Assistance
8. ☐ Supplemental Security Income (SSI)
9. ☐ Pharmaceutical Assistance (PAAD)
10. ☐ Senior Gold

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.

FOR OFFICE USE ONLY

☐ *Approved*
☐ *Not approved*
☐ *Need more information*

Grant Funds _____
☐ *Other* _____
☐

ANY FINANCIAL AID GRANTED IS A ONE-TIME OFFER. A REASONABLE DATE OF EXPIRATION WILL GIVEN TO YOU BY OUR SPECIAL PROJECTS COORDINATOR. ANIMAL FRIENDS FOUNDATION, INC. ONLY SERVES SOUTHERN NJ.