

Application for Vermont Spay Neuter Incentive Program Voucher

PLEASE PRINT CLEARLY

Full Name of Pet Owner: _____
 Mailing Address: _____
 City or Town, Zip Code: _____
 Town of Residence: _____
 Phone Number _____ Email Address (optional): _____

Are you a Vermont resident? yes no
 Are you a senior – age 65 or older yes no

Have you used VSNIP in the past? yes no If yes, when? _____

How many non-sterilized companion animals do you own? _____

PART A: (complete Part A only if applicable)

Are you receiving benefits from any of the following programs? Please choose those that apply and remit **one** form or statement that has your name on it from at least one of the programs under which you are claiming VSNIP eligibility. Forms submitted will not be returned.

Three Squares Vermont (Food Stamp Program)	<input type="checkbox"/> yes	<input type="checkbox"/> no
The Supplemental Security Income Program	<input type="checkbox"/> yes	<input type="checkbox"/> no
Women, Infants and Children Program	<input type="checkbox"/> yes	<input type="checkbox"/> no
Reach Up – Education and Job Training	<input type="checkbox"/> yes	<input type="checkbox"/> no
TANF (Reach First)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Medicaid	<input type="checkbox"/> yes	<input type="checkbox"/> no
General Assistance/Relief	<input type="checkbox"/> yes	<input type="checkbox"/> no
AABD/EP Financial Support for Spouse/Caregiver	<input type="checkbox"/> yes	<input type="checkbox"/> no
Supplemental/Seasonal/Crisis Fuel Program	<input type="checkbox"/> yes	<input type="checkbox"/> no
Section 8 – Rental Assistance	<input type="checkbox"/> yes	<input type="checkbox"/> no

PART B: (complete Part B only if Part A does not apply)

If you are **not** receiving benefits from any of the programs listed above, you may still qualify for VSNIP by completing the information below:

Describe your household size by age group:

- a) How many people aged 17 or younger _____
- b) How many people aged 18-59 + _____
- c) How many people aged 60 or older? + _____
- d) Total number of people in the household = _____

Total annual household gross income: \$ _____/week or \$ _____/month

CERTIFICATION

I am aware VSNIP is a publically funded benefit program and if I provide false information to get a voucher it is a violation of law and may subject me to legal action, including criminal prosecution. I certify that the information and answers I provided in this application for a VSNIP voucher are accurate and truthful. I certify that I obtained my companion animal(s) from a humane society, animal shelter, or rescue organization with non-profit tax exempt status from the IRS or adopted it as a stray, or acquired it for a nominal fee of \$ _____ (please enter amount)

Applicant Signature: _____ Date Signed: _____

Please provide the following information about each animal for which you are requesting a voucher (Please use additional pages if necessary):

Animal #1

Cat/Dog Name: _____ Color _____ Age _____ Sex _____

Breed (for dogs only) _____ Approximate weight (for dogs only) _____

Name, address and phone number of shelter/humane society/rescue organization/individual from whom animal was acquired:

Animal #2

Cat/Dog Name: _____ Color _____ Age _____ Sex _____

Breed (for dogs only) _____ Approximate weight (for dogs only) _____

Name, address and phone number of shelter/humane society/rescue organization/individual from whom animal was acquired:

Please mail completed application along with a self addressed stamped envelope and any supporting documentation to: VSNIP, P.O. Box 95, Bridgewater, Vermont 05034. If you have questions regarding this application, please contact the VSNIP office at 1-802-672-1087 or 1-877-867-1424 (toll free).