

**Caroline County Humane Society**

407 West Bell Street Ridgely, MD 21660

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[www.carolinehumane.org](http://www.carolinehumane.org)



**“DON’T PAY TO SPAY!”  
MDA Spay and Neuter Grant Program  
Application**

Owner’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (mailing and street): \_\_\_\_\_

\_\_\_\_\_

Telephone Number (Home/Cell): \_\_\_\_\_

Annual household income for **ALL MEMBERS OF THE HOUSEHOLD:** \_\_\_\_\_  
HOUSEHOLD INCOME IS TO INCLUDE EVERYONE WHO WORKS IN THE HOME.

Number of people in household: \_\_\_\_\_ Are you retired?  Yes  No

Do you rent or own your home: \_\_\_\_\_

Specify monthly rent/mortgage payment: \_\_\_\_\_

Do you collect Disability/SSI/Unemployment?  Yes  No

What is the total amount for all persons in household who collect: \_\_\_\_\_

Do you receive any financial assistance through local, state, or federal programs?

Yes  No

**IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD, COLLECT’S SSI/DISABILITY/UNEMPLOYMENT, WE WILL NEED TO HAVE A COPY OF THE LETTER(S) SENT TO YOU OR OTHER PERSON’S IN YOUR**

**HOUSEHOLD, STATING WHAT YOU RECEIVE PER MONTH IN ORDER TO PROCESS YOUR APPLICATION.**

**IF YOU OR OTHER PERSON'S IN YOUR HOUSEHOLD FILE INCOME TAXES, WE WILL NEED A COPY OF LAST YEAR'S TAX RETURN, SHOWING WHAT YOUR ANNUAL INCOME IS TO PROCESS YOUR APPLICATION.**

**PLEASE LIST ALL PETS THAT YOU ARE REQUESTING ASSISTANCE FOR:**

<b>PET'S NAME</b>	<b>CAT/DOG</b>	<b>MALE/FEMALE</b>	<b>BREED</b>	<b>AGE</b>

Once your application is approved, you will be mailed a letter stating the amount of the co-pay, per animal, that you are required to pay the veterinarian. It is your responsibility to call the veterinarian for an appointment to have your dog or cat spayed or neutered. **THIS DOES NOT COVER AN OFFICE VISIT EXAM THAT YOUR PET MAY NEED AT THE TIME OF THE VISIT.** If you feel you cannot afford the co-pay assigned, please contact CCHS immediately. **This letter that you receive must be given to the veterinarian at the time of service to receive the assistance. THE LETTER(S) IS ONLY GOOD FOR 1 MONTH, PLEASE SCHEDULE YOUR PET(S) TO BE SPAYED/NEUTERED BEFORE IT EXPIRES. THERE WILL NOT BE ANY EXTENSIONS.**

I agree to indemnify and hold the CCHS and the Bissel Grant Program harmless from and against any and all liability arising from the performance of any of the procedures necessary to spay or neuter my pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ensure your application is complete before mailing! Provide a copy of last year's tax return for everyone in the household (Form 1040, 1040-A, 1040-EZ); if your income is substantially different this year from last, submit supporting documentation and a written explanation along with the form. If you didn't file taxes last year, please provide proof of income.**