For office use only: Voucher #_____Issued on:_____

DAKIN PIONEER VALLEY HUMANE SOCIETY

Rabbit Spay/Neuter Assistance Program Application

The Dakin Pioneer Valley Humane Society, in cooperation with area veterinarians, provides a special program to assist low-income individuals afford the cost of spaying or neutering their companion animals. Through this program, eligible people can receive special rates on spay or neuter surgery at participating veterinary hospitals and clinics.

To apply for the Dakin Pioneer Valley Humane Society Spay/Neuter Assistance Program:

1) Complete the following application.
2) Make your check or money order payable to: The Dakin Pioneer Valley Humane Society
3) Enclose a self-addressed, stamped envelope with your application & payment.
4) Mail to:

Dakin Pioneer Valley Humane Society
attn: Spay/Neuter Assistance
163 Montague Road
Leverett, MA 01054

SURGERY PRICES**
Male Rabbits $80 Female Rabbits $100

**Please note that you will be responsible for any additional charges for office visits, medications, or surcharges due to the animal being in heat, nursing, or pregnant. Please contact your veterinarian prior to the surgery to confirm necessary costs. The Dakin Pioneer Valley Humane Society is only able to provide you with the subsidized costs listed above.

Please <u>do not</u> make a surgery appointment until you have received a voucher.

INFORMATION ABOUT YOU: (please print)

_____ _____ _____
Your Name *Day Phone* *Evening Phone*

_____ _____ ____ _____
Street/P.O. Box *City* *State* *Zip Code*

INFORMATION ABOUT YOUR NEED FOR ASSISTANCE:

Do you participate in any of the following public assistance programs?

___ Food Stamps
____Federal Supplemental Security Income (SSI)
____Aid to Families with Dependent Children (AFDC)
____General Relief
____Rental Assistance
____Fuel Assistance
____Medicaid
____Social Security (as your main source of income)

Please give us any other information that would help clarify your need for financial assistance.
All information is kept confidential.

_____
_____
_____
_____
_____
_____
_____

The information contained herein is true to the best of my knowledge:

_____
Signature (Must be 18 years or older)

INFORMATION ABOUT YOUR PET:

(circle as appropriate:)

Rabbit's Name:_____ Weight:_____ Age:_____ Color:_____ Male/Female

The Dakin Pioneer Valley Humane Society does not warrant or guarantee any services provided by any veterinarian, or the veterinarian's agents or employees. Each applicant agrees to hold the Dakin Pioneer Valley Humane Society harmless for any act of omission of a veterinarian, or the veterinarian's agents or employees.