



# Request for Pet Services

## Statement of Income

Valid for 60 days from date on form

978-779-8287

www.secondchancefund.org

Name:				Home:		
Address:				Cell:		
City:				Work:		
State:		Zip code:		Email:		

Please fill out the information in either Box 1 OR Box 2

**BOX 1** *If you participate in any public assistance programs please check which ones.*

Food stamps

Medicaid

Federal Supplemental Security Income (SSI)

Aid to Families with Dependent Children

Rental Assistance

Fuel Assistance

Disability

Women, Infants, Children (WIC)

Unemployment Benefits

Social Security

Other *(please describe)*

**BOX 2** *Please enter your current total household take-home pay.*

\$ per week

**OR**

\$ per two weeks

**OR**

\$ per month

Additional income per month:

Alimony

Child Support

Other

Number of household members, including yourself, who rely on the above stated income

Please select which one of the following services you need for your pet.

**Spay/Neuter for Pet Cats** *vaccinations if needed*

*Preferred clinic location*

Worcester  Athol  Westboro

Leominster  Lancaster

How many cats do you need spay or neuter for?

Male  Female

Cat's approximate age(s)

Does your cat have any health issues?

No  Yes *(please explain)*

**Scratch's Patch~up Fund**

*This program is for seriously ill or injured cats and dogs.*

*Please give a brief description of the animal's problem.*

**Spay/Neuter for Dogs**

*and vaccinations if needed*

**Spay/Neuter for Stray or Feral Cats** *and vaccinations if needed*

Friendly  How many cats do you need spay or neuter for?

Unfriendly  Male  Female  Unknown

I understand that these services are for those who are financially limited.

I certify that the information in this application is accurate.

Date:

Signature:

To submit this form: By email send to [SCFAW@comcast.net](mailto:SCFAW@comcast.net)

By U.S. Mail send to SCFAW P.O. Box 58, Stow, MA 01775

*Proof of public assistance OR proof of income is required.*

SCFAW use only	
<input type="checkbox"/>	Category 1
<input type="checkbox"/>	Category 2
<input type="checkbox"/>	Category 3
<input type="checkbox"/>	Category 4