



# STATE OF CONNECTICUT

## DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM



### LOW-INCOME PET STERILIZATION APPLICATION

The Department of Agriculture/Animal Population Control Program (APCP) is providing vaccination and sterilization benefits for your pet(s) on a limited basis. If approved, you may be eligible to receive up to two (2) spay/neuter vouchers per household per fiscal year. The voucher provides a **one-time** benefit of **\$50** for a male cat, **\$70** for a female cat, **\$100** for a male dog and **\$120** for a female dog along with two presurgical vaccinations. You must be a Connecticut resident to be eligible. **If the veterinarian's spay/neuter fee exceeds the voucher amount, the owner is responsible for the difference. The owner is also responsible for any additional services.** Please complete the reverse side of this form to determine your DSS eligibility. Print clearly.

### VOUCHERS ARE VALID FOR 60 DAYS - NO EXCEPTIONS!

Please list your pets below:

Pet 1:

Dog		Cat	
Male	Female	Male	Female

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Pet 2:

Dog		Cat	
Male	Female	Male	Female

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Please mail this application to the address below. **Incomplete applications will be returned.**

**Connecticut Department of Agriculture  
Animal Population Control Program  
450 Columbus Blvd., Suite 701  
Hartford CT 06103**

Questions? Please call 860-713-2507 or send an e-mail to agr.apcp@ct.gov. Once approved, your voucher(s) will be mailed to the address on the application with specific compliance instructions.

### **THIS FORM MAY BE REPRODUCED**

Department of Agriculture Use Only:			
Approved:	Yes	No	Signature/DAG Official: _____
			Date: _____

**CONNECTICUT DEPARTMENT OF AGRICULTURE  
ANIMAL POPULATION CONTROL PROGRAM**

**PERMISSION TO DETERMINE ELIGIBILITY**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I give the Connecticut Department of Social Services (DSS) permission to disclose to the Connecticut Department of Agriculture (DoAG), my eligibility status for the following DSS program(s).**

Do you receive assistance from any of the following programs? Check any that apply.

\_\_\_ SNAP \_\_\_\_\_ Temporary Family Assistance (TFA)

\_\_\_ Husky A, C or D (Medicaid) \_\_\_\_\_ State Supplement

\_\_\_ SAGA

**I understand my eligibility information provided in response to this release is no longer protected by DSS privacy regulations.**

\_\_\_\_\_  
Signature of Individual or Representative      DSS Client ID# or S.S. #      Date

\_\_\_\_\_  
Print Your Name or Representative Name

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***DSS Official Use Only:***

I verify that the above-named individual is eligible for the following DSS Program(s):

\_\_\_ SNAP \_\_\_ TFA \_\_\_ Husky A, C or D \_\_\_ State Supp \_\_\_ SAGA

\_\_\_\_\_  
*Signature of DSS Official*

\_\_\_\_\_  
*Date*