



NESAA APPLICATION FOR ASSISTANCE

New England Society for Abandoned Animals

P.O. Box 626, Osterville, MA 02655

Phone: 508-771-7800 Fax: 508-771-7801 www.NESAA.org

PERSONAL INFORMATION:

| | | |
|----------|--------|------|
| NAME: | Date: | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHONE: | CELL: | |
| E-MAIL: | | |

What is your reason for participating in (NESAA Spay/Neuter Assistance) OR (MEDICAL EMERGENCY) Program?:

| | | | | |
|--|--|---|---|--------------------------------|
| Do you participate in any of the following public assistance?: | <input type="checkbox"/> W.I.C | <input type="checkbox"/> MASS HEALTH | <input type="checkbox"/> MEDICAID | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> SSI/Disability | <input type="checkbox"/> VETERAN STATUS | |
| Are you able to verify your need for assistance?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If you selected OTHER, please explain: | | |
| What is your combined household monthly Income?: | | | | |

PET INFORMATION:

| Name of Pet | Dog Or Cat | Age | Breed/Color | Male or Female | Vaccinations |
|-------------|------------|-----|-------------|----------------|--------------|
| | | | | | |
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I do hereby understand that NESAA Spay/Neuter program is for Low-Income pet owners ONLY. I certify that the information on this application is accurate. NESAA reserves the right to obtain/request any additional information necessary to verify your need for assistance.



Signature

Date

*Please enclose Check or Money Order in the amount of (\$50.00/cat) or (\$100.00/dog) and mail to:

NESAA SNA

PO Box 626

Osterville, MA 02655

(or upload a scan) to help@nesaa.org

**Applications received without payment will be considered incomplete and will NOT be processed.

**We offer a SLIDING SCALE should the cost be too difficult