



New Hampshire Department of Agriculture, Markets & Food  
 Animal Population Control Program  
 PO Box 2042  
 Concord, NH 03302-2042  
 (603) 271-3697

**APPLICATION FOR  
 STERILIZING A DOG OR CAT**

**INSTRUCTIONS:**

**FOR APPLICANTS**

- YOU MUST BE APPROVED **BEFORE** THE SURGERY.
- SEND ALL FOUR COPIES, WITH PROOF, AND A COPY OF YOUR DRIVERS LICENSE or NONDRIVER ID TO THE ADDRESS ABOVE.
- PAY CO-PAY DIRECTLY TO THE VETERINARIAN.
- WE WILL PAY FOR IMMUNIZATIONS AS AUTHORIZED BY RSA 437-A.

**FOR VETERINARIANS**

- VETERINARIANS MUST BE PARTICIPATING IN THE PROGRAM.
- APPLICATIONS MUST BE **PRE-APPROVED** BY ADMINISTRATOR
- RETURN THE WHITE COPY WITH MONTHLY INVOICE by 10<sup>th</sup> DAY of MONTH AFTER SURGERY
- GIVE THE PINK COPY TO THE CLIENT.

Authorized under RSA 437-A:3, II. Any falsification of Information shall be subject to an administrative fine of up to \$1,000 under RSA 437-A:6

**PART 1-CLIENT INFORMATION**

PLEASE BEAR DOWN HARD WITH BALLPOINT PEN

NAME OF COMPANION ANIMAL OWNER (LAST, FIRST, M.I.)

TELEPHONE NUMBER

MAILING ADDRESS

CITY & STATE

ZIP CODE

**METHOD BY WHICH PET OWNER IS CLAIMING ELIGIBILITY:**

- |   |   |
|---|---|
| 1. ___ The Food Stamp Program.                      | 5. ___ The Medicaid Program.                                    |
| 2. ___ The Supplemental Security Income Program.    | 6. ___ The Old Age Assistance Program.                          |
| 3. ___ The Temporary Aid to Needy Families Program. | 7. ___ The Aid to the Permanently and Totally Disabled Program. |
| 4. ___ The Aid to the Needy Blind Program.          | 8. ___ Income (call for guidelines).                            |

**YOU MUST SEND PROOF OF YOUR ELIGIBILITY WITH THIS APPLICATION under Agr 2802.01.**

An applicant shall be notified of an incomplete application at the time of receipt by the program administrator in accordance with RSA 541-A:29. Said application shall be deemed abandoned when the applicant fails to supply the documents required under Agr 2802.01 within 60 days of the program administrator's initial notice of additional required information.

Type of Companion Animal    \_\_\_ Female Dog    \_\_\_ Male Dog    \_\_\_ Female Cat    \_\_\_ Male Cat

| NAME OF COMPANION ANIMAL (ONE PER APPLICATION) | BREED | WEIGHT | AGE |
|--|-------|--------|-----|
|  |       |        |     |

THE APCP IS GENEROUSLY FUNDED THROUGH DOG LICENSE FEES AND VETERINARIAN CONTRIBUTIONS.

I HEREBY CONSENT TO THE PRE-SURGICAL IMMUNIZATION, IF REQUIRED, AND STERILIZATION OF THE COMPANION ANIMAL DESCRIBED ABOVE, AND ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY SIGNING BELOW I ALSO AUTHORIZE THE DIVISION OF FAMILY ASSISTANCE AND/OR THE SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION REGARDING MY CURRENT ELIGIBILITY TO PARTICIPATE IN THE ANIMAL POPULATION CONTROL PROGRAM.

SIGNATURE OF COMPANION ANIMAL OWNER

DATE

**PART 2-CERTIFICATION BY PROGRAM ADMINISTRATOR**

SIGNATURE OF ADMINISTRATOR OF ANIMAL POPULATION CONTROL PROGRAM

DATE

**PART 3-VETERINARIAN INFORMATION, TO BE COMPLETED BY PARTICIPATING VETERINARY PRACTICE**

PARTICIPATING VETERINARIAN

PHONE NO.

BUSINESS ADDRESS

IMMUNIZATIONS GIVEN

DATE GIVEN

DATE STERILIZED

Co-Payment Received    \_\_\_ Yes    \_\_\_ No

**I HEREBY ATTEST THAT STERILIZATION AND IMMUNIZATION OF THE ABOVE ANIMAL WAS CARRIED OUT AS RECORDED.**

SIGNATURE OF VETERINARIAN PERFORMING SURGERY (MUST BE PARTICIPATING IN THE ANIMAL POPULATION CONTROL PROGRAM)

DATE

SIGNATURE OF PET OWNER AUTHORIZING SURGERY

DATE