



# Request for Pet Services

## Statement of Income

978-779-8287

Valid for 60 days from date on form

www.secondchancefund.org

Name:	<input type="text"/>	Phone numbers	
Address:	<input type="text"/>	Home:	<input type="text"/>
City:	<input type="text"/>	Cell:	<input type="text"/>
State:	<input type="text"/>	Work:	<input type="text"/>
Zip code:	<input type="text"/>	Email:	<input type="text"/>

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

<p><b>BOX 1</b> <i>If you participate in any public assistance programs please check which ones.</i></p> <p><input type="checkbox"/> Food stamps</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Federal Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Aid to Families with Dependent Children</p> <p><input type="checkbox"/> Rental Assistance</p> <p><input type="checkbox"/> Fuel Assistance</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Women, Infants, Children (WIC)</p> <p><input type="checkbox"/> Unemployment Benefits</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Other (please describe)</p>	<p><b>BOX 2</b> <i>Please enter your current total household take-home pay</i></p> <p>\$ per week <input type="text"/></p> <p><b>OR</b></p> <p>\$ per two weeks <input type="text"/></p> <p><b>OR</b></p> <p>\$ per month <input type="text"/></p> <p>Additional income per month:</p> <p>Alimony <input type="text"/></p> <p>Child Support <input type="text"/></p> <p>Other <input type="text"/></p> <p><input type="checkbox"/> Number of household members, including yourself, who rely on the above stated income</p>
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Please select which one of the following services you need for your pet.

<p><input type="checkbox"/> <b>Spay/Neuter for Pet Cats</b> <i>and vaccinations if needed</i></p> <p><i>Preferred clinic location</i></p> <p><input type="checkbox"/> Athol <input type="checkbox"/> Worcester</p> <p><input type="checkbox"/> Gardner</p> <p>How many cats do you need spay or neuter for?</p> <p>Male <input type="text"/> Female <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cat's approximate age(s)</p> <p>Does your cat have any health issues?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)</p>	<p><input type="checkbox"/> <b>Scratch's Patch~up Fund</b> <i>This program is for seriously ill or injured cats and dogs.</i></p> <p><i>Please give a brief description of the animal's problem.</i></p>
<p><input type="checkbox"/> <b>Spay/Neuter for Dogs</b> <i>and vaccinations if needed</i></p>	

**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