

The Department of Agriculture's Animal Population Control Program for the Pets of Low-Income Households

The Department of Social Services is partnering with the Department of Agriculture to help low-income households afford the cost of spaying/neutering and vaccinating their pets.

The Department of Agriculture's Animal Population Control Program can provide up to two spay/neuter vouchers for your pet(s) per eligible household.

The voucher provides up to \$50 for a male cat, \$70 for a female cat, \$100 for a male dog and \$120 for a female dog.

The voucher also provides for one rabies and one distemper combination vaccination available ONLY when the pet is spayed or neutered.

To qualify, you must currently receive assistance from one of the following DSS programs:

Supplemental Nutrition Assistance Program, Temporary Family Assistance, State Administered General Assistance, Medicaid (including Medicaid for Low-Income Adults and HUSKY A),

State Supplement for the Aged, Blind and Disabled or Care4Kids.

Please fill out the Low-Income Pet Sterilization Application and the Permission to Determine Eligibility forms (both attached below) and mail them to:

*Animal Population Control Program
Room G-8A
165 Capitol Avenue
Hartford CT 06106*

For more information contact the
Department of Agriculture at 1-800-861-9939 or Groton Human Services, 860-441-6760.



STATE OF CONNECTICUT



DEPARTMENT OF AGRICULTURE
ANIMAL POPULATION CONTROL PROGRAM

LOW-INCOME PET STERILIZATION APPLICATION

Effective 7/1/11

The Department of Agriculture is providing on a limited basis, assistance to help with vaccination and sterilization costs for your pet(s). If approved, you may be eligible to receive up to two (2) spay/neuter vouchers per household. The voucher provides up to \$50 for a male cat, \$70 for a female cat, \$100 for a male dog and \$120 for a female dog. The voucher also provides for one (1) rabies and one (1) distemper combination vaccination available ONLY when the pet is sterilized. You may be required to pay for additional services as specified by the veterinarian. If you are not prepared to pay for added services, please do not submit this application.

You must complete the reverse side of this form to determine if you are eligible for this program.

Please list your pets below:

Pet 1:

[] Dog [] Cat [] Male [] Female

Breed: _____

Color: _____

Age: _____

Pet 2:

[] Dog [] Cat [] Male [] Female

Breed: _____

Color: _____

Age: _____

Please mail this application to:

Animal Population Control Program
Room G-8A
165 Capitol Avenue
Hartford CT 06106

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

THIS FORM MAY BE REPRODUCED

Department of Agriculture Use Only:

Approved: Yes [] No [] Signature/DAG Official: _____ Date: _____

