



**Delaware Department of Agriculture  
 Spay/Neuter Program  
 2320 S. DuPont Highway  
 Dover, DE 19901  
 302-698-4567 FAX: 302-697-4492**

<b>For State Use Only - Applicant Approval</b>	
Program Coordinator Approval	Date
Application Number	Expiration Date

**OWNER INCOME ELIGIBILITY VERIFICATION for SPAY/NEUTER PROGRAM APPLICATION**

**PART 1 - CLIENT INFORMATION**

Authorized under TITLE 3, CHAPTER 82, SUBCHAPTER II Any falsification of information shall be subject to an administrative fine of up to \$250.

**APPLICANT INSTRUCTIONS:**

- COMPLETE PART 1 OF THIS FORM.
  - Check the type(s) of assistance you are currently receiving.
  - Attach a copy of your driver's license or photo ID.
  - Sign where indicated.
- The Spay/Neuter Coordinator will notify you of approval.
- Reapplication for approval is required every six months.
- Approval is required before surgery can be scheduled for your pet.
- To qualify for the low income Spay/Neuter Program, you must be a Delaware resident, own an animal from Delaware, and receive at least one of the seven assistance programs listed on the application.

**SEND or FAX ALL MATERIALS TO:** Delaware Department of Agriculture  
 Spay/Neuter Program  
 2320 South DuPont Highway  
 Dover, DE 19901  
 Fax: 302-697-4492

*NAME OF PET OWNER (LAST, FIRST, M.I.)	*HOME PHONE NUMBER *CELL PHONE NUMBER *ALTERNATE NUMBER
*MAILING ADDRESS	*SOCIAL SECURITY # (last 4 digits)
*CITY, STATE, ZIP CODE	*BIRTH DATE (month/day/year)

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY (please check the programs you are currently participating in) :

<input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Medicaid <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Women, Infants and Children	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability  Note: Must provide full Social Security Number for Verification - _____
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I AUTHORIZE RELEASE OF THE INFORMATION ABOVE FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR THE SPAY/NEUTER PROGRAM.

**SIGNATURE OF PET OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PART 2 - APPROVAL OF INCOME ELIGIBILITY - STATE USE ONLY**

**A. Verification of participation in Income Eligible Program**

**Division of Social Services**

- \_\_\_\_\_ TANF
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ General Assistance
- \_\_\_\_\_ Food Stamps

Date \_\_\_\_\_

**Division of Public Health**

- \_\_\_\_\_ Women, Infants and Children (WIC)

Date \_\_\_\_\_

**Social Security Administration**

- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Social Security Disability

Date \_\_\_\_\_

**B. Please FAX completed Registration to SPAY/NEUTER PROGRAM COORDINATOR for final approval: 302-697-4492**