



**DELAWARE DEPARTMENT OF AGRICULTURE**  
**Spay/Neuter Program**  
**2320 South DuPont Highway**  
**Dover, DE 19901**  
**302-698-4567 FAX: 302-697-4492**

**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.) PLEASE PRINT	*HOME PHONE NUMBER
*MAILING ADDRESS	*CELL PHONE NUMBER
*CITY & STATE ZIP CODE	*ALTERNATE NUMBER
	*SOCIAL SECURITY # (last 4 digits)
	*BIRTH DATE

**PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY:**

- Temporary Assistance to Needy Families (TANF)
- Medicaid
- General Assistance
- Food Stamps
- Women, Infants and Children

Supplemental Security Income (SSI)  
 Social Security Disability  
 Note: Must provide full Social Security Number for Verification- \_\_\_\_ \_

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

- Division of Public Health
- Women, Infants and Children (WIC)

- Social Security Administration
- Supplemental Security Income (SSI)
  - Social Security Disability

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

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

Date: _____ Signature of Program Coordinator	Date: _____ Applicant Notification	Date: _____ Expires
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