



PO Box 693, Manchester, NH 03105 - 603-228-6755 - animalallies.org

If you are presently receiving financial aid from any of the following, you may qualify for the State program. Please call 603-271-3697 for the State program application if this is the case.

- *Assistance from your town, county or city
- *Aid to the Permanently and Totally Disabled Program
- *Old Age Assistance Program
- *Medicaid or Healthy Kids Gold Program
- *Temporary Aid to Needy Families Program
- *Food Stamps Program
- *Aid to the Needy Blind Program
- *Supplemental Security Income Program

If you have not checked any of the above boxes, please describe your situation regarding your need for financial help in the spaying or altering of your dog or cat. For example, are you unemployed, underemployed or living on a fixed income?

Please note: The veterinarian has the right to refuse your certificate if he/she feels that you do not need financial assistance. Your money will be refunded less \$1 handling fee. *There are only a handful of vet's that will take this certificate in NH. Keep in mind that there may not be one close to you and you will have to travel. Please email us a animalalliesorg@yahoo.com with any questions.

ANIMAL ALLIES SPAYING AND ALTERING CERTIFICATE PRICES

Female Dog - \$75 Female Cat - \$55
Male Dog - \$55 Male Cat - \$40

Send this form with your money order payable to Animal Allies to the above address. Please be sure to *enclose a self-addressed envelope and a loose postage stamp* as we are a non-profit organization unless you want us to email you the certificate. If emailing the application, please email to: animalalliesorg@yahoo.com and use PayPal for your payment. After your application and payment have been received, a spaying and altering certificate will be mailed or emailed to you along with a list of participating veterinarians. An appointment with one of these veterinarians should then be set up.

NOT VALID IF DECLAWING IS REQUESTED WITH SPAYING OR ALTERING

As the guardian of this animal, I am applying to Animal Allies for financial assistance for spaying/altering. Enclosed is a money order for \$_____ payable to Animal Allies. Personal checks are not accepted.

Adult Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Animal's Name: _____ Cat or Dog: _____ Male or Female: _____

If Dog: breed _____ weight _____

Email to send certificate: _____