

**Application for Spay/Neuter Assistance  
Susie's Fund**



- \*You must be a resident of Hartford County.
- \*You must fill out this application and return it to The Queenie Foundation.
- \*Incomplete applications will not be approved
- \*Please wait for approval before having the animal altered or you may not be entitled to reimbursement.
- \*Once you are approved, you will receive a voucher with instructions on who to contact for an appointment.
- \*You will be responsible to pay for additional tests or procedures.
- \*State law requires that your animal have a current Rabies vaccination. Susie's Fund will provide vaccine allowances of up to \$10 for the rabies vaccination and up to \$10 for the Distemper vaccination.

Please Print

Name			Age (Minimum age is 18)		
Street Address			Apartment #		
City	State	County	Zip		
Telephone (Home)	(Work)		(Other)		
Marital Status:    Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/>					
Number of Human Dependents (You count as one)					
Total Family Income per year The Queenie Foundation reserves the right to request proof of income.			(Include income from all sources: welfare, alimony, unemployment, social security, Medicare, retirement, Worker's Compensation)		
Do you have	Medicaid Card AFDC	Welfare case number WIC	Food stamp card Other (List) _____		
Place of employment			Years employed		
Employer's address					
Employer's Telephone		Job description/position			

Dog or Cat	Name	Age	Sex	Breed	Last Distemper Shot	Last Rabies Shot

Have you ever applied before?    No            Yes            If yes, when? \_\_\_\_\_

How did you hear about Susie's fund?

Flyers                                      Radio Station                      County Animal Shelter

Spay/Neuter Clinic                      Rabies Clinic                      Website

Other (Please explain): \_\_\_\_\_

**I understand the above requirements and certify that the information on this application is correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application to [queeniefound@hotmail.com](mailto:queeniefound@hotmail.com) or  
The Queenie Foundation, Inc.  
164 Wetherell St.  
Manchester, CT 06040