

2017-2018 MDA SPAY/NEUTER GRANT

1. Any person(s) wishing to participate in the free spay neuter program will need to fill out an application that can be obtained online or in the office.
2. To qualify, applicant must be a resident of Wicomico County and have a combined household income below \$48,000/year. Applicants will need to provide proof of income level before the appointment is scheduled. Most recent tax year W2 or last two pay stubs acceptable for proof.
3. The program will cover the cost of the surgery, and rabies vaccine. Any optional medications post-surgery will not be covered under the program; said medications would have to be covered by the owner of the animal if they elect to receive them.
4. The program covers pets only and is not applicable to non-pets such as feral cats. This program covers only cats and dogs. Cats cannot receive ear tip.
5. Grant funding is awarded by projected procedures. 100 male dogs, 100 female dogs, 100 male cats, and 100 female cats will be spayed or neutered through this program. Once the limit has been reached for a specific species and gender, no more may be permitted as no changes to the program are allowed to be made due to the terms of the grant. Due to the limited number of spaces, applicants are limited to 3 pets per household.
6. The grant is funded by the Maryland Department of Agriculture, and therefore the Humane Society of Wicomico County is subject to the terms and provisions of the grant agreement from Aug 2017 to July 2018.
7. The Humane Society of Wicomico County spay/neuter clinic requirements:
We cannot accept English Bulldogs, French Bulldogs or Pugs.
Cats: Minimum age 16 weeks; Maximum age 7 years
Dogs: Minimum age 16 weeks, Maximum age 7 years
Minimum weight 10 lbs
Female: Maximum weight 50 lbs
Male: Maximum weight 70 lbs



Humane Society OF WICOMICO COUNTY

2017-2018 MDA Free Spay/Neuter Grant Application

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ ANNUAL HOUSEHOLD INCOME: _____

PETS REQUESTING SURGERY FOR:

Name: _____ Name: _____ Name: _____

Species: _____ Species: _____ Species: _____

Breed: _____ Breed: _____ Breed: _____

Sex: _____ Sex: _____ Sex: _____

Age: _____ Age: _____ Age: _____

Weight: _____ Weight: _____ Weight: _____

Color: _____ Color: _____ Color: _____

ARE YOU REQUESTING RABIES VACCINE FOR YOUR PET(S)? _____

I agree that all the information provided is true to the best of my knowledge. Any false information may result in disqualification from this program. I am a resident of Wicomico County, Maryland and the pets listed on this application are my pets and are not owned by another party. More than one missed appointment may result in disqualification.

Signature: _____

-----OFFICE USE ONLY-----

APPROVED: Y/N DATE: _____ SURGERY DATE: _____ STAFF INITIALS: _____

ONE COPY GOES INTO DAILY RECEIPTS – ONE COPY TO DIRECTOR FOR TRACKING

REV: 8/4/2017