

ARL USE ONLY: Name: \_\_\_\_\_ Date Rcvd: \_\_\_/\_\_\_/\_\_\_ Date PA sent: \_\_\_/\_\_\_/\_\_\_ Amount Due: \$ \_\_\_\_\_

Notes: \_\_\_\_\_



**S.T.O.P. Program Application (Stop the Over Population!)**

**This form must be filled out completely. Any incomplete application may cause a delay in the return of your spay/neuter certificate. \*\*Proof of income must be returned with your application in order for it to be processed.\*\* Please read below for all qualifications, program procedures and cost.**

In order to qualify for this program, you must meet the following criteria:

1. You live in one of the following cities (and can provide photo ID as proof): Buxton, Cape Elizabeth, Chebeague Island, Gorham, Gray, Long Island, Portland, Raymond, Scarborough, South Portland, Standish, Westbrook, Windham.

**-AND-**

2. You meet the following income guidelines (and can provide proof, such as a pay stub or most recent tax return):

Household Size	Annual gross income less than:
1	\$21,780
2	\$29,420
3	\$37,060
4	\$44,700
5	\$52,340

\*for households of more than 5, contact the ARL for guidelines\* (guidelines updated 2009)

**\*\*Proof of income must be returned with your application in order for it to be processed. \*\***

What the applicant should do: Fill out this application completely. **Attach a copy of your proof of income** along with the application and return it to the Animal Refuge League. Once we receive your information it will be processed to determine if you are eligible for assistance. If you qualify, we will send a program agreement within 7-10 days of *receipt of application*. The signed agreement must be returned with payment. *Once payment and the agreement are received*, we will send your certificate(s) and a list of participating veterinarians in the mail within 7-10 days.

**Cost for each certificate is as follows:**

**\$30.00 male cat; \$60.00 female cat; \$65.00 male dog; \$85.00 female dog.**

**(PLEASE NOTE: this program COVERS SPAY/NEUTER ONLY for CATS and PIT BULLS. Some veterinarians may require vaccines or other services to perform the surgery; payment for these is the applicant's responsibility.)**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_ Number of people in household \_\_\_\_\_

Number of certificates being requested: \_\_\_\_\_ Provide a description of animal(s) in the table below (use back if needed):

Name of pet	Type of pet	M/F?	Age	Breed/Mix (or length of coat for cats if no breed)	Color

(Certificates are dependant upon the availability of funds)