



**QUEEN ANNE'S COUNTY
DEPARTMENT OF ANIMAL SERVICES**

201 Clay Drive
Queenstown, Maryland 21658

COUNTY COMMISSIONERS

ERIC S. WARGOTZ, M.D. - COUNTYWIDE
COURTNEY M. BILLUPS - DISTRICT 1
PAUL L. GUNTHER - DISTRICT 2
GENE M. RANSOM, III - DISTRICT 3
CAROL R. FORDONSKI - DISTRICT 4
JOHN BORDERS . - COUNTY ADMINISTRATOR

TELEPHONE: (410) 758-2393
TDD: (410) 758-2126
FAX: (410) 827-5064
EMAIL: QACAnimalControl@qac.org

MORRIS E. JONES SR. - DIRECTOR

I, _____, the undersigned, do hereby grant permission for the Queen Anne's County Department of Animal Services or one of its agents to obtain information concerning my eligibility for any of the following programs. This information will be used solely to determine my eligibility for the Low Cost Spay/Neuter Program currently being administered by the Department of Animal Services. I also understand that it is my responsibility to contact the Queen Anne's County Animal Services Department if I am unable to keep the appointment and need to reschedule. Failure to keep scheduled appointment will result in fees being forfeited. Payment required before scheduling all surgeries. Proof of rabies vaccination required. Proof of current address and photo Identification required. Limited to four animals per household. This program is offered to Queen Anne's County Residents Only.

- 1) Independence Card
- 2) Rental Assistance Program
- 3) Maryland Energy Assistance Program
- 4) Medical Assistance (Medicaid)
- 5) Supplemental Security Income (SSI) (Disability Income)
- 6) Aid to Families With Dependent Children
- 7) School Lunch Program
- 8) Homeowners Property Tax Credit
- 9) Maryland Pharmacy Assistant Program
- 10) Fixed Income \$20,000 and under (W-2/Tax Returns)

Print Name: _____

Address: _____

Phone: _____ Work/Cell _____

Animal Information

Animal Name: _____

Species: Canine or Feline

Spay or Neuter Description: _____

Rabies Exp: _____ Tag# _____

QAC Dog License Number _____

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Co-Pay \$10.00 Cat or Dog _____

Rabies Vaccination \$9.00 Cat or Dog _____

QAC Dog License \$5.00 _____

Total \$ _____

Applicant's Signature: _____

Witness: _____ Date: _____