

APPLICATION FOR ANIMAL POPULATION CONTROL VOUCHER

NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS ANIMAL POPULATION CONTROL PROGRAM

10 B Airline Drive, Albany, NY 12235-0001

<http://www.agmkt.state.ny.us/AI/apc.html> 1-888-669-0870



APPLICATION DATE: _____ CAT DOG

FOR DOGS: YOUR DOG MUST BE CURRENTLY LICENSED IN NEW YORK STATE OR NEW YORK CITY

PLEASE CHECK TYPE OF LICENSE AND PUT IN LICENSE NUMBER

NYS AGR & MKTS LICENSE

NEW YORK CITY DOH LICENSE

LICENSE NUMBER _____

OWNER'S NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____

COUNTY _____ PHONE NUMBER/AREA CODE (____) _____

E-MAIL _____

PET'S NAME _____ MALE FEMALE

YEAR OF BIRTH _____ BREED _____

COLOR(S) _____ MARKINGS/MICROCHIP # _____

I certify that I am a resident of New York State and am the owner of the above described animal and am currently receiving (please circle at least one and attach proof of current participation)

Temporary Assistance Program
Program of Medical Assistance (Medicaid)

Food Stamp program
Supplemental Security Income for the Aged,
Blind and Disabled program
Low Income Housing Assistance program

OWNER'S SIGNATURE _____

DATE _____