



## Neuter/Spay Sponsorship Program

77 MAIN STREET, STANHOPE, NJ 07874 TEL: 973-347-0159

Resident's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Name of Cat: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Coloring: \_\_\_\_\_

I understand that within sixty (60) days of approval the spaying/neutering **procedure must be preformed**, proper paperwork must be provided to the Borough and a completed payment voucher must be submitted in order to collect reimbursement. Reimbursement in the amount of spaying/neutering cost up to but not exceeding fifty (50) dollars per cat. No more then four (4) reimbursements per household. Total cost of program not to exceed \$2000.

After the allotted sixty (60) days has passed and I have not met the above criteria, my approval will be void and I must reapply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official use

Proof of Residence	
Proof of License	

Application Number: \_\_\_\_\_

Application Approved on: \_\_\_\_\_

Approved by: \_\_\_\_\_

Stamp

Date and time received: \_\_\_\_\_