

Are You Eligible?

- Are you a New Jersey Resident?
- Are you 18 years of age or older?
- Is your taxable income \$40,000 or less? (this is NOT your GROSS income or your wages)

If yes, all you have to do is:

- Complete the application
- Attach a copy of your most recently filed federal income tax return (Form 1040EZ, Form 1040A, Telefile Tax Record, or page 2 of Form 1040)
- Determine the correct fee and write a check to "The Oasis Animal Sanctuary, Inc."
- Mail your application, check and copy of your federal income tax form to:

**The Oasis Animal Sanctuary, inc.
P.O. Box 3
Williamstown, NJ 08094**

What Happens Next?

Once your application is approved, Oasis will mail you a voucher for each pet. This voucher is good for 30 days, and is non-transferable. You then make the surgery appointment with any of the participating animal hospitals*, bringing the voucher with you on the day of surgery. The voucher covers the costs of the office visit and the sterilization procedure only. Any fees for pre-surgical testing, vaccinations, etc., will be charged to the pet owner. Oasis and the Veterinarian will take care of the rest!

Please call the Sanctuary with questions at 856-262-1222.

Eligibility Details:

If you are a New Jersey resident, 18 years of age or older, and own the pet(s), you are almost there!

As with most financial assistance programs, determination of "need" can be burdensome. However, Oasis has removed the steps of organizing your financial picture, by simply asking you to verify that your "taxable income" is \$40,000 or less. (This is NOT your gross income or your wages; it is less than these amounts.) This is very easy, since taxable income is calculated on your annual federal tax return! We merely ask that you supply your most recently filed Form 1040EZ, Form 1040A, Telefile Tax Record, or page 2 of Form 1040. If the line on the form indicating your taxable income is \$40,000 or less, you qualify! (If for any reason you are not required to file a federal income tax return, please indicate the reason on your sterilization assistance application.)

* For a list of participating animal hospitals, please call us at 856-262-1222 or go to www.oasisanimalsanctuary.org

From the website home page go to **Spay/Neuter Assistance Programs** then at the bottom **Click here** for a list of participating animal hospitals



Sterilization Assistance Program

It's a
WIN, WIN, WIN
situation!

*Eligibility requirements
and application are enclosed*

It's a WIN, WIN, WIN situation!

YOU WIN, because:

- You will save money
- The application procedure is easy and less restrictive than some other programs
- You will have the satisfaction of knowing you are not contributing to the kill rates at area shelters

PETS WIN, because:

- His/Her desire to roam to find a mate will be eliminated
- Spay/Neuter is healthy
- Behaviors associated with finding a mate - such as aggression, spraying, fighting and howling- will be removed or lessened

THE COMMUNITY WINS, because:

- The number of unwanted animals languishing and dying in shelters is reduced
- The number of feral cat colonies and feral dog packs struggling for survival is lowered
- Tax monies could potentially be redistributed to other municipal benefits

Application for Low Cost Spay/Neuter Assistance Program

(please print neatly and clearly)

STEP ONE: APPLICANT'S INFORMATION		Today's Date: _____
Name: _____	E-mail address: _____	
Street Address: _____	City: _____	State: ____ Zip: _____
Daytime Phone # _____	Evening Phone #: _____	
Current employer: _____	Position: _____	

STEP TWO: PET INFORMATION (attach a separate sheet of paper to include more than 3 pets)		
1. <input type="checkbox"/> CAT	<input type="checkbox"/> DOG	<input type="checkbox"/> other: _____
Pet's name: _____ Breed: _____ Age: ____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> Weight: ____ lbs.		
2. <input type="checkbox"/> CAT	<input type="checkbox"/> DOG	<input type="checkbox"/> other: _____
Pet's name: _____ Breed: _____ Age: ____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> Weight: ____ lbs.		
3. <input type="checkbox"/> CAT	<input type="checkbox"/> DOG	<input type="checkbox"/> other: _____
Pet's name: _____ Breed: _____ Age: ____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> Weight: ____ lbs.		

STEP THREE: FEES ARE LISTED BELOW. ENCLOSE A CHECK TO "THE OASIS ANIMAL SANCTUARY, INC." IN THE AMOUNT DUE FOR EACH ANIMAL TO BE STERILIZED.		
CAT(s):	DOG(s):	
<input type="checkbox"/> Male \$20	49 lbs and under: <input type="checkbox"/> Male \$50	<input type="checkbox"/> Female \$80
<input type="checkbox"/> Female \$35	50 lbs and over: <input type="checkbox"/> Male \$70	<input type="checkbox"/> Female \$100

Please call us at 856-262-1222 for fee amounts to sterilize ferrets, rabbits, guinea pigs and other animals.

STEP FOUR: FEDERAL INCOME TAX FORM
Attach a copy of your most recent federal income tax return (Form 1040EZ, Form 1040A, Telefile Tax Record, or page 2 of Form 1040). For your protection, please black out your social security number. If you cannot include this document, please explain why: _____

STEP FIVE: READ AND SIGN BELOW (must be at least 18 years of age)
All fees must be paid to The Oasis Animal Sanctuary, Inc. BEFORE surgery. The Oasis Animal Sanctuary, Inc. ONLY covers the office visit and the actual surgery. All costs for additional services are the responsibility of the owner/caretaker. I understand that The Oasis Animal Sanctuary, Inc. needs to verify my financial qualifications for their low cost spay/neuter assistance program. A copy of my most recent federal income tax return is attached. I recognize that The Oasis Animal Sanctuary, Inc. agrees to use this financial information, provided by me, ONLY for the purpose of verifying qualification for this program.
Signature of Pet Owner: _____

YOU'RE DONE! MAIL THIS SIGNED APPLICATION, A COPY OF YOUR FEDERAL INCOME TAX FORM AND PAYMENT TO: **The Oasis Animal Sanctuary, PO Box 3, Williamstown, NJ 08094**