



MAP **Medical Aid Program**

Name: _____

Address: _____

City: _____ State: **IN** Zip: _____

Phone: (260) _____ - _____ Income: _____ or

Did you receive any of the following forms of public assistance? (Please circle)

Unemployment Disability Medicaid WIC

Other (specify) _____

Explain what assistance you need/ number of pets: _____

If you need more room, please put on back of form or use separate sheet of paper

.After completion of this portion, mail to:

AWA • P.O. Box 575 • Howe, IN 46746

Approved form will be returned to the applicant to be used at veterinarian of your choice.

Embossed seal to be affixed upon approval

To be completed by Veterinarian:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Cost of Shots: _____

Pet Information: (Please circle) DOG CAT Male Neutered Female Spayed

Age: _____ Weight: _____

Age: _____ Weight: _____

The Animal Welfare Association, Inc. will reimburse to the veterinarian one half of the cost of the shots, up to \$25.00 (twenty five dollars). The remaining amount is the responsibility of the pet owner. Mail approved (must have AWA embossed Seal to be approved) application to **AWA • P.O. Box 575 • Howe, IN 46746** for payment. Any questions, contact Debbie Bontrager 260-463-3406