

**New Jersey Department of Health
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, NJ 08625-0369**

**ANIMAL POPULATION CONTROL PROGRAM
PROXY AUTHORIZATION**

This authorization falls under Public Law 1983, Chapter 172 of New Jersey. Any falsification of information on this or related document is punishable by fines under the penalty enforcement law.

| Name of Pet Owner (Print) | Telephone No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|-----|-----|-----|--|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--|--------------------------------------|--|---|--|---|--|--|-----------------------------------|---|---|
| Address of Pet Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Proxy (Print) | Telephone No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of Proxy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby authorize the above-named proxy to represent me with respect to the following animal(s) which are owned by me:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 60%;">Description of Animal</th> <th style="text-align: center; width: 10%;">Dog</th> <th style="text-align: center; width: 10%;">Cat</th> <th style="text-align: center; width: 20%;">Age</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table> <p>I am eligible under the following program:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> Rental Assistance</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income (SSI)</td> <td><input type="checkbox"/> Lifeline Credit</td> </tr> <tr> <td><input type="checkbox"/> Aid to Families w/Dep. Children (AFDC)</td> <td><input type="checkbox"/> Tenants Lifeline Assistance</td> </tr> <tr> <td><input type="checkbox"/> General Public Assistance (Welfare)</td> <td><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled</td> <td><input type="checkbox"/> Shelter Adoption</td> </tr> </table> <p>My program identification number is _____</p> | | Description of Animal | Dog | Cat | Age | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Lifeline Credit | <input type="checkbox"/> Aid to Families w/Dep. Children (AFDC) | <input type="checkbox"/> Tenants Lifeline Assistance | <input type="checkbox"/> General Public Assistance (Welfare) | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled | <input type="checkbox"/> Shelter Adoption |
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| | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled | <input type="checkbox"/> Shelter Adoption | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Pet Owner | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Proxy | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Veterinarian (Print) | Hospital Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Veterinarian | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |