

**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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Signature of Proxy		Date																											
Name of Veterinarian (Print)		Hospital Name																											
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