



# Spay/Neuter Assistance Program (SNAP) Application

**SNAP for House Pets** – Our Humane Society Staff Veterinarian provides the SNAP services offered. You will be asked to make an additional donation to help us keep the program running.

**SNAP is NOT a feral or barn cat program.** If you have feral or barn cats to be spayed or neutered, ask for a TNR Return to Field application.

**INSTRUCTIONS:** Please fill out the full application and return to the Humane Society of Sheboygan County. **Incomplete applications will be returned and will delay your acceptance into the program. As soon as payment is complete, your pet will be scheduled for surgery.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME Phone \_\_\_\_\_ CELL Phone \_\_\_\_\_ WORK Phone \_\_\_\_\_

APPLICANT DATE OF BIRTH \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**Pet List – Animals needing spay / neuter**

	Type of Animal (dog, cat, rabbit)	Breed (s)	Pet's Name	Sex (mark with X)		Age	Fur Color(s)	Up to date on vaccinations?	
				Male	Female			Yes	No
1									
2									
3									
4									
5									

*(Please list additional pets on a separate sheet and attach to this application.)*

**You MUST provide any vaccination records prior to surgery.** If your pet does not have a current rabies vaccination and is of the appropriate age, it will be given and you will be charged \$20.00. The basic fee you pay will cover spay or neuter and other services included in the program. You will be charged for additional tests and services that you request. You must license your dog per state law and license cats if it is in your jurisdiction's ordinance.

**Additional donations enable the continued successful operation of the program.**

Yes! I can make an additional donation \$ \_\_\_\_\_

No, I cannot make an additional donation at this time

*I hereby certify that I have READ and UNDERSTAND all the information provided. Further, I certify the information I provided on this application is true and correct and that I have not omitted anything that would make my application false or misleading. I understand there are fees I must pay to participate in the program and that I must pay the fees before my pet is scheduled for surgery. I agree that I will keep my appointment and bring my pet to the service provider as scheduled and that I will pick up my pet on time. I understand that if I fail to keep my appointment, I will lose the fees I paid. I understand that if I fail to adhere to the terms and conditions set forth in this application, I may lose my opportunity to use SNAP for my pet(s). I understand that if I fail to pick up my pet on the day and time scheduled, I will be assessed a \$20 per day boarding fee by HSSC. I understand that by submitting an application does not guarantee that I will receive services.*

Signature \_\_\_\_\_ Date \_\_\_\_\_