



# SNAP Application

## Spay/Neuter Assistance Program

For spay or neuter services AT the Humane Society



**Sheboygan County Humane Society 3107 North 20th Street Sheboygan, WI 53083 920-458-2012 www.My.SCHS.com**

SNAP for House Pets - Dr. Rick Lord at the SCHS in-house Vet Clinic does SNAP surgeries. The program is for pet animals only. There may be additional fees as explained on this application. SNAP is based on financial need and you will be asked to state your situation on this form. This information helps us to understand your household and to prioritize our surgery schedule. You will also be asked to make an additional donation to help us keep the program running.

**Please Note:**

SNAP is NOT a feral or barn cat program. SCHS does not have the equipment needed to handle feral (wild) cats at our in-shelter clinic. If you have feral or barn cats that need spay or neuter surgery, please get an application for our Spay Neuter Incentive Program (SNIP). Spay and Neuter surgeries may be available for feral and barn cats through this program based on available funding and your willingness to help with co-payment. SNIP surgeries are done at participating Veterinary Clinics in Sheboygan County. To participate, you must complete a SNIP application and receive a payment voucher card. **If you have feral or barn cats you want spayed or neutered, DO NOT fill out this application. Ask for a SNIP application.**

**INSTRUCTIONS:** If you want to use the SCHS in-house spay and neuter service, please fill out both sides of this application and return to the Sheboygan County Humane Society. We suggest you make and keep a copy for your records. We will review your application and contact you to schedule an appointment. Submitting an application does not guarantee you will receive services.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

CELL Phone \_\_\_\_\_ E-MAIL Address \_\_\_\_\_

<b>Pet List – Tell Us About the Pet(s) in Your Household</b>											
	Type of Animal (dog, cat, rabbit)	Breed (if known)	Pet's Name	Sex (mark with X)		Spayed or Neutered (circle)		Age	Fur Color(s)	Up to date on vaccinations?	
				Male	Female					Yes	No
1						Yes	No				
2						Yes	No				
3						Yes	No				
4						Yes	No				
5						Yes	No				
6						Yes	No				

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

**Please tell us about the pet(s) you would like to have spayed or neutered by SNAP**

1. Name of Pet you want spayed or neutered \_\_\_\_\_ Number on Pet List \_\_\_\_\_  
*This pet's health and temperament (check all that apply)*

- Healthy, no apparent problems   
  Runny eyes/nose   
  Fleas   
  Ear mites   
  In Heat   
  Pregnant  
 Wild but friendly   
  Wild, bites/scratches   
  Friendly House Cat   
  Other health problems \_\_\_\_\_

Has this pet seen a veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of veterinarian \_\_\_\_\_

2. Name of Pet you want spayed or neutered \_\_\_\_\_ Number on Pet List \_\_\_\_\_

*This pet's health and temperament (check all that apply)*

Healthy, no apparent problems     Runny eyes/nose     Fleas     Ear mites     In Heat     Pregnant

Wild but friendly     Wild, bites/scratches     Friendly House Cat     Other health problems \_\_\_\_\_

Has this pet seen a veterinarian? Yes \_\_\_ No \_\_\_ Name of veterinarian \_\_\_\_\_

**Your MUST bring any Vet records you have for your pet(s) with you when your wellness check is done before the surgery.** All pets will be brought up to date on their vaccinations, including rabies. If your pet is not current on rabies that vaccine will be given and you will be charged \$20 for it. The basic fee you pay will cover spay or neuter and other services as listed on page 1. You will be charged for additional tests and services your pet needs or that you request. You MUST license your pet as required by law. Cost for licensing depends on where you live. **Additional donations for spay or neuter surgeries are expected. Your donations help to keep the Spay Neuter Assistance Program running.**

**Please share your personal and financial information to help us evaluate your request for services. We may require that you submit two years of tax returns to verify the information you provide below. All information you provide will remain strictly confidential. Please check all boxes that apply to your financial situation:**

Own home     Rent     Single Income     Double income     Retired     Use food stamps  
 On Medicaid     On public assistance     Unemployment compensation     Aid to families with dependent children  
 Supplemental security income     Pharmaceutical assistance to aged and disabled

Household income:  Less than \$10,000     \$10,000-\$25,000     \$25,000-\$50,000     Over \$50,000

How many people live in your home? \_\_\_\_\_ How many adults (over 18)? \_\_\_\_\_ How many children (under 18)? \_\_\_\_\_

How much can you **DONATE** in addition to the SNAP fees? \$ \_\_\_\_\_

*I hereby certify that I have READ and UNDERSTAND all the information provided, including the SNAP Program explanation of fees, services and conditions on page 1. 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 fee before my pet is given treatment. I also agree that I will keep my appointment and bring my pet to SCHS 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 also understand that if I fail to drop off or pick up my pet on the day and time scheduled, I will be assessed a \$20 late fee and/or a \$20 per day kenneling fee by Sheboygan County Humane Society.*

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

FOR OFFICE USE ONLY:

**SCHS STAFF - SNAP FEES MUST BE PAID IN ADVANCE OF SURGERY!**

Applicant's pet(s) accepted into program? Yes \_\_\_ No \_\_\_ Date applicant called \_\_\_\_\_ By \_\_\_\_\_

1. Pet Name \_\_\_\_\_ M F Cat Dog

2. Pet Name \_\_\_\_\_ M F Cat Dog

Appointment Date/Time \_\_\_\_\_

Appointment Date/Time \_\_\_\_\_

Called to remind on \_\_\_\_\_ By \_\_\_\_\_

Called to remind on \_\_\_\_\_ By \_\_\_\_\_

Program Fee Amount Paid \$ \_\_\_\_\_

Program Fee Amount Paid \$ \_\_\_\_\_

Additional Donation Made \$ \_\_\_\_\_

Additional donation made \$ \_\_\_\_\_

Licensing Fee Paid \$ \_\_\_\_\_

Licensing Fee Paid \$ \_\_\_\_\_

Other Fees For \_\_\_\_\_ \$ \_\_\_\_\_

Other Fees For \_\_\_\_\_ \$ \_\_\_\_\_

Other Fees For \_\_\_\_\_ \$ \_\_\_\_\_

Other Fees For \_\_\_\_\_ \$ \_\_\_\_\_

Other Fees For \_\_\_\_\_ \$ \_\_\_\_\_

Other Fees For \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PAID \$ \_\_\_\_\_**

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Rec'v by \_\_\_\_\_ Date \_\_\_\_\_

Rec'v by \_\_\_\_\_ Date \_\_\_\_\_

Other Notes \_\_\_\_\_

Other Notes \_\_\_\_\_