



S.N.A.P. Application (Spay/Neuter Assistance Program)

Dear S.N.A.P. applicant,

Thank you for applying for the Spay/Neuter Assistance Program. We are happy to see that you know the importance of sterilizing your pet. The Chemung County S.N.A.P. committee has partnered with S.O.S. (Shelter Outreach Services) a private, non profit organization, to help curb the pet overpopulation through making sterilization surgery more affordable and available.

In order to determine if you qualify for the S.O.S./S.N.A.P. clinic, we need the following information:

- You must fill out the application in full. Missing information will delay the approval process.
- List all the vaccinations your pet has had and provide a copy of the vaccination certificate or receipt from the veterinarian.
- Your pet must be current on both the rabies and distemper vaccinations. If your pet does not have current vaccines, you must purchase them at the clinic for \$3.00 each.
- You must provide income or assistance verification. This can be a copy of your last year's tax information, a recent check stub, a statement of benefits for an assistance program or a card indicating participation in such a program. To determine eligibility for the program, we need to know your approximate annual income and your number of dependents.

If you are unable to provide any of this information, please include a note indicating your situation. We try to accommodate as many applications as possible, but unfortunately we have limited resources and must limit participation to a certain degree.

When your application is complete please return it to the Chemung County Humane Society & SPCA, Inc.

We review applications as soon as possible after receiving them. Once you have been approved and you've sent all the supporting materials, you will be contacted and given an appointment for an upcoming clinic.

The cost of the surgery, to be paid at the clinic at the time of the surgery, is as follows:

- Dog Spay (female) \$75
- Dog Neuter (male) \$55
- Cat Spay (female) \$45
- Cat Neuter (male) \$25

You must bring current vaccination records with you on the day of the surgery.

If you believe that you can not afford even the low cost clinic prices, additional assistance is available to you from the S.N.A.P. fund. You must show extreme hardship by completing page 3 of the application.

Thank you again for your interest in S.N.A.P./S.O.S
You are doing what's best for your animal and what's best for the community.

S.N.A.P. Application (Spay/Neuter Assistance Program), cont.

- By surgically removing a pet's reproductive organs, we can end the terrible problem of pet overpopulation. You show your concern for your pet and for all animals by having your dog or cat altered.
- Thanks to the generosity of local donors, and the efforts of our three community shelters (Chemung County SPCA, Elmira and Horseheads Animal Shelters), S.N.A.P. and S.O.S. offer low-cost spay and neutering services to pets of qualified low-income applicants.
- To apply for the S.N.A.P./S.O.S. clinic, please fill out the attached application in full and return it to the **Chemung County Humane Society & SPCA, attn: S.N.A.P./S.O.S., 2435 State Rt. 352, Elmira, NY 14903.** You must include the required supporting documents (of your pet's vaccinations and your income).
- For more information about S.N.A.P./S.O.S, please call 607-732-1827.
- Thank you for caring about our animal friends!

You must fill out completely: How were you made aware of S.N.A.P.? _____

Number of animals on application _____ Number of animals in household: Dog(s) _____ Cat(s) _____

Name _____ Municipality _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Pet's name: _____ Dog _____ Cat _____

Color _____ Age: _____ Breed: _____ Male _____ Female _____

Is your pet pregnant or nursing? Yes _____ No _____

Please list additional animals on reverse side

What vaccinations are needed? Rabies: _____ Distemper: _____

Date of previous vaccinations: Rabies: _____ Distemper: _____ Never vaccinated: _____

Heartworm Test Date (for dogs): _____ Veterinary Clinic Name: _____

Please indicate your need for assistance:

I participate in one or more of the following programs (indicate all that apply):

Food Stamps Medicare/Medicaid Federal Supplementary Security Income (SSI) AFDC

I am: Unemployed Student Living on Social Security or Disability Receiving Worker's Comp.

Other: Total Household Yearly Income \$ _____ Number of Dependents _____

By signing this document, I further attest that the information given is true and understand that giving false or incomplete information may result in my application being denied. I understand that this document will be retained by the S.N.A.P. Committee, and is completely confidential.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____ Reviewed By: _____ Date Application Approved: _____

Comments: _____

Until there are none...ADOPT ONE

