



SNAP Application

Spay/Neuter Assistance Program



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

SNAP for House Pets – Our SCHS Staff Veterinarian provides the SNAP services offered. The program is for pet animals only and offered to residents of Sheboygan County. SNAP is based on financial need and you will be asked to state your situation on this form & provide documentation. 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.**

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 application.

INSTRUCTIONS: Please fill out the full application and return to the Sheboygan County Humane Society Attn: Snap Program. We suggest you make and keep a copy for your records. We will review your application and contact you. **Submitting an application does not guarantee you will receive services. After we review your application, we will contact you to confirm that you qualify for the program and to set an appointment.**

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME Phone _____ CELL Phone _____ WORK Phone _____

APPLICANT DATE OF BIRTH _____ E-MAIL ADDRESS _____

Pet List – Tell Us About the Pet(s) in Your Household											
	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			Yes	No
1						Yes	No				
2						Yes	No				
3						Yes	No				
4						Yes	No				
5						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 Above _____
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 Above _____
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 you bring your pet in for services. 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 basic services included in the program. You will be charged for additional tests and services 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 appreciated. Your donations help to keep the Spay Neuter Assistance Program running.**

You are **REQUIRED** to provide your personal and financial information including tax return from the last year or the last two pay stubs and proof of government assistance in order to help us evaluate your request for services. All information you provide will remain strictly confidential. Please check all boxes that apply to your financial situation:

Income Guidelines:		
<i>*Based annual income</i>		
(1)	Person Household	\$20,000
(2)	Person Household	\$26,000
(3x)	Person Household	\$32,000

SCHS requires submission of financial information which consists of one of the following:	
<input type="checkbox"/>	Letter confirming current unemployment compensation
<input type="checkbox"/>	Social Security letter or statement
<input type="checkbox"/>	W2 statement
<input type="checkbox"/>	Disability

How much can you DONATE in addition to the SNAP fee? \$ _____

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 to SCHS not less than ten days prior to surgery. I understand I will be denied services if I do not qualify financially based on SNAP program guidelines falsify information or do not provide documentation verifying that I qualify. I also 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 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 the service provider.

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
Appointment Date/Time _____	
Called to remind on _____	By _____
Program Fee Amount Paid	\$ _____
Additional Donation Made	\$ _____
Licensing Fee Paid	\$ _____
Other Fees For _____	\$ _____
Other Fees For _____	\$ _____
Other Fees For _____	\$ _____
TOTAL PAID	\$ _____
Rec'd by _____	Date _____
Other Notes _____	

2. Pet Name _____	M F Cat Dog
Appointment Date/Time _____	
Called to remind on _____	By _____
Program Fee Amount Paid	\$ _____
Additional donation made	\$ _____
Licensing Fee Paid	\$ _____
Other Fees For _____	\$ _____
Other Fees For _____	\$ _____
Other Fees For _____	\$ _____
TOTAL PAID	\$ _____
Rec'd by _____	Date _____
Other Notes _____	

