

APPLICATION FOR PARTICIPATION IN THE ST. JOSEPH COUNTY SPAY/NEUTER ASSISTANCE PROGRAM

The St. Joseph County Spay/Neuter Assistance Program (“SJC-SNAP”) is dedicated to helping low income pet owners with the cost of spay and neuter surgeries. Please carefully read and fill out this application in its entirety in order to participate in the program.

HOW THE PROGRAM WORKS:

- Fill out the attached application form. You will be asked to disclose personal financial information. Please be aware that SJC-SNAP does not keep client records longer than two months. SJC-SNAP will destroy all submitted paperwork within that time period.
- Return the application form to SJC-SNAP, P.O. Box 248, Notre Dame, IN 46556, or email to support@sjc-snap.org
- SJC-SNAP will review the application to determine eligibility. Please be aware that due to funding constraints, SJC-SNAP does not fund every application.
- SJC-SNAP informs applicants whether the application will be funded or not by mail. Please be sure your address is correct on the application form.
- If SJC-SNAP decides to fund your application, you will be mailed a voucher with a seal. This voucher **MUST** be presented to your veterinarian for SJC-SNAP assistance.
- You will be provided a list of participating veterinarians that accept the SJC-SNAP voucher. You may bring your pet to ANY of those veterinarians. A Client Coordinator will call you after you receive your voucher to help you prepare for your veterinary visit.
- Some clinics require shots or tests before the surgery, please inquire when you make your appointment.
- SJC-SNAP vouchers expire within 60 days. You must bring **BOTH** your pet and your voucher to your participating veterinarian within that time period.
- Vouchers only cover the cost of the spay/neuter surgery itself. Other expenses incurred would be your responsibility. Please speak to your veterinarian for an accurate estimate of those possible costs prior to proceeding with the surgery.
- Once you have completed the program, SJC-SNAP will contact you periodically to check on the health of your pet. These follow-ups are conducted for SJC-SNAP program assessment purposes only and your cooperation is appreciated.

SJC-SNAP APPLICATION

Please read and fill out carefully and legibly. Personal information you disclose will be destroyed within two months at the discretion of SJC-SNAP.

I. PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	Home Phone
_____	_____	_____
Spouse's Last Name	Spouse's First Name	Cell Phone
_____	_____	_____
Street Address		Email Address
_____	_____	_____
City	State	Zipcode
_____	_____	
Date of Birth	Own or Rent	

Other contact if we can't reach you (friend or relative)

Name: _____ Phone: _____

II. EMPLOYMENT AND INCOME

_____	_____	
Your Place of Employment	Your Monthly Income	
_____	_____	
Spouse's Place of Employment	Household Monthly Income	
_____	_____	_____
Number of Dependents	Number People in Household	Number Pets in Household

_____ _____ ATTACH VERIFICATION
 Other Income Amount Source of Other Income OF ALL INCOME (SCAN OR PHOTO)

Please list any other information that should be considered while processing this application. Also, attach proof of any government assistance you are receiving.

III. YOU ARE ALLOWED UP TO 2 PETS IN THIS PROGRAM PER YEAR (please do not list other pets that have already been spayed or neutered)

Pet #1

_____	_____	_____	_____
Pet's Name	Cat or Dog	Male or Female	Age
_____	_____	_____	
Breed	Color	Weight	
_____	_____	_____	
Where did you get pet?	How much did you pay for pet?	How long have you had pet?	

Pet #2

_____	_____	_____	_____
Pet's Name	Cat or Dog	Male or Female	Age
_____	_____	_____	
Breed	Color	Weight	
_____	_____	_____	
Where did you get pet?	How much did you pay for pet?	How long have you had pet?	

IV. RELEASE- Read this section carefully before signing:

I understand and agree to the following:

1. My pet's vaccinations will be up-to-date prior to surgery. If they are not currently up-to-date, I will take my pet to the veterinarian at least one week prior to surgery for an exam and vaccinations.
2. I understand that the voucher only covers the cost of the spay/neuter surgery. I AM RESPONSIBLE FOR ALL OTHER EXPENSES, including but not limited to emergency care costs, exams, tests, aftercare, and vaccinations.
3. The veterinarian has the right to refuse to perform the surgery at his/her discretion and may charge additional fees if the animal is pregnant, in season, obese, geriatric, or if complications develop during surgery.
4. I may take my pet to ANY of the participating veterinarians at my discretion.
5. The information I have provided in my application will not be kept longer than two months, after which time the information will be destroyed at the discretion of SJC-SNAP.
6. I understand that I will be contacted by SJC-SNAP periodically to check on the status of my pet for program assessment purposes. I am under no obligations, however I understand that my cooperation will greatly help SJC-SNAP and its mission.

I, the undersigned, do hereby release the SJC-SNAP program, and their agents, principals, officers, directors, and all other persons from any and all claims, demands, and suits of any kind whatsoever resulting in any way from the spaying/neutering of my pet. This includes without limitation the death, injury, loss of pet, or improper handling while at home or in the care of the veterinarian. I do hereby agree to indemnify and save harmless SJC-SNAP and their agents, principals, officers, directors, and all other persons for any and all claims, demands, and suits against it resulting in any way from foregoing activities. I hereby release SJC-SNAP, and their agents, principals, officers, directors, and all other persons from the responsibility of additional fees either before or after the initial surgery if complications occur or if additional care is needed.

SEE OTHER SIDE OF THIS PAGE

I have read and understand this release and hereby state that the information on the application is accurate and complete.

Printed Name

Signature (must be at least 18 years of age)

Date

Please note: This application will not be processed without proof of government assistance or income. Please include a scan/photo of food stamps, SSI or other assistance in the email. If you do not have this assistance, please include a current pay stub and tax return.

Additional Questions: (for pets in the program that you listed on previous page)

If you have a veterinary clinic that you usually use, please list the clinic name or location below:

Has Pet #1 been vaccinated by a veterinarian in the last year? YES NO
How many litters did Pet #1 have or father? _____
Does Pet #1 live inside or outside? _____

Has Pet #2 been vaccinated by a veterinarian in the last year? YES NO
How many litters did Pet #2 have or father? _____
Does Pet #2 live inside or outside? _____

Why do you feel spay/neuter is important for your pet(s)? _____

How did you hear about our program? _____

Please contact us at 574-276-5335 with any questions.

Send completed applications to: SJC-SNAP, P.O. Box 248, Notre Dame, IN 46556-0248 or email to support@sjc-snap.org