

SPAY & NEUTER ASSISTANCE PROGRAM (S.N.A.P.)

- By spaying/neutering your pet, 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 private donors, and the efforts of our medical team, NHHS can offer low-cost spay and neutering services to pets in our service area.
- To apply for the Spay/Neuter Clinic, please fill out the attached application in full and return it to the New Hampshire Humane Society, attn: Medical Team, PO Box 572, Laconia, NH 03246. You must include the required supporting documents of **your pet's vaccinations**.
- For more information about the Spay/Neuter Clinic please call 603-524-8236
- 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 _____ Email _____

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 _____

What vaccinations are needed Rabies: _____ Distemper: _____

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

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

Please indicate if you participate in one or more of the following programs (not required for eligibility)

Food Stamps _____ Medicare/Medicaid _____ Supplementary Security Income _____

Social Security or Disability _____ Workers Comp. _____

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.

A \$25 non-refundable deposit is required at the time of scheduling the appointment. These funds will be applied to the total cost of services rendered. Failure to arrive on the scheduled date will result in the forfeit of the \$25 non-refundable deposit. We accept Cash, Visa or Mastercard - NO Checks...

I understand that this document will be retained by NHHS and is completely confidential

Signature _____ Date _____

Date received: _____ Reviewed by: _____ Date approved _____

Comments _____

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 NHHS, a private, non profit organization, is trying to help curb cat overpopulation by making sterilization surgery more affordable and available. We help those individuals whose animal has perhaps had a few litters or is not yet s/n and cannot afford or do not qualify for any other program available (i.e. Plan A or B)

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 \$10.00 each.

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 NH Humane Society.

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

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

Cat Spay (female) \$75 **Cat Neuter** (male) \$55 **Dog Spay** \$95 **Dog Neuter** \$75
*** Additional charge if females are in heat/pregnant and for any male cryptorchids**

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