



# NH Humane Society

Over a century of love for those without a voice.

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

- 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: Vet Tech, PO Box 572, Laconia, NH 03247. You must include the required supporting documents of **your pet's vaccinations**.
- For more information about the Spay/Neuter Clinic please call 603-524-3252 Ext. 304
- All pets must be between 5 months and 6 years old
- Dogs cannot exceed 50 pounds
- Drop off is between 8 and 8:30am. Pick up is same day between 4 and 4:30pm.

*You must fill out completely*

**How were you made aware of S.N.A.P.?** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Would you prefer to be contacted by phone or email?** \_\_\_\_\_

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**Number of animals on application:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Number of animals in household: Dog(s)** \_\_\_\_\_ **Cat(s)** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Dog:** \_\_\_\_\_ **Cat:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Is your pet pregnant or nursing?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**What vaccinations are needed?** Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Microchip \_\_\_\_\_

**Date of previous vaccinations:** Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ Never Vaccinated: \_\_\_\_\_

**Heartworm Test Date (dogs):** \_\_\_\_\_ **Veterinary Clinic:** \_\_\_\_\_

*We accept Cash, Visa, MasterCard, or Discover – NO Checks!*

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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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 rabies and distemper vaccinations. If your pet is not vaccinated we will provide it here at a cost of \$15 rabies and \$15 distemper.

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 time of the surgery, is as follows:  
**Cat Spay \$150   Cat Neuter \$95   Dog Spay \$250   Dog Neuter \$175**

*\*Additional charge if females are pregnant, your male is cryptorchid, or your cat has a hernia*

You must bring current vaccination records with you on the day of the surgery. If your pet is found to have fleas, ear mites or parasites we will treat them while they are here.

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. To file a complaint of discrimination, write to:*

*USDA, Assistant Secretary for Civil Rights  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, S.W., Stop 9410  
Washington, DC 20250-9410*

*Or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay).  
USDA is an equal opportunity provider and employer.*