

SPAY/NEUTER ASSISTANCE PROGRAM

CERTIFICATE APPLICATION

If you live in Yakima County and own a cat or dog and cannot afford the surgery, we provide certificates for spay or neuter surgeries at approved Veterinary Clinics. **Co-pay requested: \$10 - \$30 (Donations are always appreciated!)**

Cat Co-pays: \$10 - \$15 - \$20

Dog Co-pays: \$15 - \$20 - \$30

LIMIT OF 2 CERTIFICATES PER HOUSEHOLD

(Please Print Clearly)			Today's Date: _____	
APPLICANT INFORMATION				
First Name:		Last Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street Address:		Home Phone No.: ()	Alternate Phone No.: ()	
City:	State:	Zip Code:	Email Address:	
How many adults live in your household?		Children?	How many adults are employed?	
Occupation/Employer:			Gross annual household income?	
Have you previously applied with us for assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a Yakama Nation Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about S.N.A.P.?				
PET INFORMATION				
1st Pet's Name:		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Feral Cat	Mixed Breed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Breed:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
2nd Pet's Name:		<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Feral Cat	Mixed Breed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Breed:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Has your animal(s) been to a Veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No			Approximate date of last visit:	
Clinic name and location:				
Has your animal(s) received vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Last vaccinated:	
If pet is female, has she had any litters? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many litters?	Date of the most recent litter?	
Are you planning on keeping this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this pet licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where does the animal mainly stay?				
How did you acquire this pet?				
<input type="checkbox"/> Adopted from shelter/rescue group		<input type="checkbox"/> Purchased from a pet store		
<input type="checkbox"/> Found as a stray		<input type="checkbox"/> Purchased from breeder		
<input type="checkbox"/> Given by stranger (i.e. Outside a store)		<input type="checkbox"/> Purchased from individual (i.e. Newspaper ad)		
<input type="checkbox"/> Given by friend/family		<input type="checkbox"/> Kept from litter		
<input type="checkbox"/> Other:				
What City/State did you acquire the animal?				
Do you have other pets that you would like to get spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No			# of Cats:	# of Dogs:
Are there circumstances that we need to be aware of (ie. Termination of pregnancy, pediatric spay, un-descended testicle, etc.) that would make the procedure more costly or hazardous to the animal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
Note: S.N.A.P. cannot pay for any non-surgery related services such as vaccinations or other treatments. Any services beyond spay/neuter surgery will be at your expense.				
<i>Yakima Valley Animal Partners (SNAP Coalition) reserves the right to verify income of all individuals applying for assistance.</i>				
DECLARATION AND SIGNATURE: I have read and understand the information in this application. I declare, under penalty of perjury, the information I have given in this application is true, correct, and complete to the best of my knowledge.				
Applicant's signature: _____			Date: _____	

For Internal Use Only

Certificate Number(s) _____ Date Issued: _____ Vet Clinic: _____