

## Program Information

*SNSI values your privacy. Your information will not be shared with anyone without your approval.*

### **This program covers the cost of spay/neuter surgery only.**

Additional services (such as heartworm testing and prevention, FIV/ FeLV testing, blood work, kennel cough, etc.) may be required by the clinic and are not covered by this program.

### **Your pet's vaccinations must be current.**

If you do not have proof of current vaccinations, you will be required to have these done at the time of surgery for an additional cost.

## FAQ

### **Q. How old does my pet have to be to be spayed or neutered?**

**A.** Each vet has their own requirements. Some vets will now spay or neuter pets if they are at least 2 months old or weigh at least 2 pounds. Most will spay or neuter your pet if they are at least 4 to 6 months old.

### **Q. My pet is pregnant; can she still be spayed?**

**A.** This is up to each individual vet; however, most will if early in pregnancy.

### **Q. Where is the closest veterinarian to me?**

**A.** Veterinarians are located in Indianapolis and many of the surrounding communities. The most current list of participating clinics will be included with your certificate, and can be found at [www.spayneuterservices.org/maps.htm](http://www.spayneuterservices.org/maps.htm)

**Continue to next page for application**

## About SNSI

**Spay-Neuter Services of Indiana, Inc. (SNSI) is 501(c)(3) non-profit organization.**

**The mission of Spay-Neuter Services of Indiana, Inc. (SNSI) is to eliminate the killing of healthy and treatable cats, dogs, puppies and kittens.**

**SNSI will accomplish this by providing spay/neuter surgical fee assistance through partnerships with private practice veterinarians and low-cost clinics, collaborating with other animal welfare groups, and promoting humane education.**

## Contact SNSI

**Spay-Neuter Services of Indiana, Inc.  
P.O. Box 55917  
Indianapolis, IN 46205-0917**

**Voice Mail 317.767.7771  
Fax 866.771.0358**

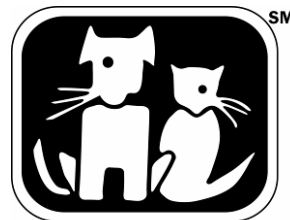
**On the Internet:**

**[www.spayneuterservices.org](http://www.spayneuterservices.org)**

**Email:**

**[info@spayneuterservices.org](mailto:info@spayneuterservices.org)**

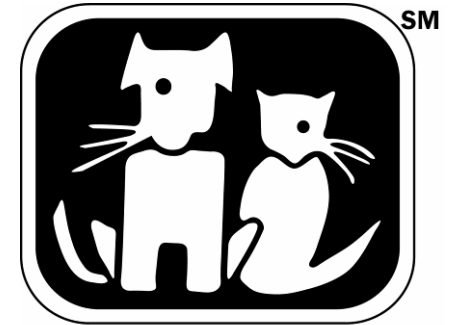
**Spay-Neuter Services of  
Indiana, Inc.**



**SNSI**

peace. love. spay. neuter. <sup>SM</sup>

# Spay-Neuter Services of Indiana, Inc.



**SNSI**

**S**pay /  
**N**euter  
**A**ssistance  
**P**rogram  
**S**NAP  
**A**pplication

**Low-Cost Spay / Neuter Assistance  
Program for households with  
limited income**

**Voice Mail: 317.767.7771**

**Email: [info@spayneuterservices.org](mailto:info@spayneuterservices.org)**

# Spay-Neuter Services of Indiana, Inc. (SNSI) Application for the Spay Neuter Assistance Program (SNAP)

## Instructions

- **Complete and sign** this application.
- **Return** application and a **money order for \$20 (per pet)** payable to SNSI to:

**SNSI, P.O. Box 55917, Indianapolis, IN 46205-0917**

- Within two weeks, you will receive a SNAP certificate (valid for three months) and a list of participating veterinarians. Schedule your appointment directly with any veterinarian on the list.
- If your application is not approved, you will receive a prompt refund.

## Qualification Guidelines

*There are two ways to qualify! Select one:*

### ☐ Income

**You will qualify** if your gross annual household income (total pre-tax income of all the members of your household) is within the SNAP income guidelines. Please provide your household income information here:

My gross annual household income is:	\$
The total number of people in my household is:	

### Income Guidelines

Total # In Household	Max. Gross Annual Income
<b>1-2</b>	<b>\$29,040</b>
<b>3</b>	<b>\$36,520</b>
<b>4</b>	<b>\$44,000</b>
<b>5</b>	<b>\$51,480</b>
<b>6</b>	<b>\$58,960</b>
<b>For each additional person</b>	<b>add \$7,480</b>

### ☐ Other Considerations

**You may qualify** due to considerations other than income. If you need assistance, please describe your situation briefly:

### Considerations that will qualify you for SNAP include, but are not limited to:

- Household member(s) currently unemployed
- Pet Owner is a full time student
- Critical bills/expenses (such as medical, student loans, military leave)
- Pet Owner is receiving public assistance (such as Medicare/Medicaid, Social Security, SSI, Disability, Food Stamps, etc.)

## Pet Owner's Information - Please Print

Pet Owner's Name		
Address		
City	State	Zip
Phone number(s)		
Email _____ @ _____		
How did you hear about SNSI?		
Please send me information on becoming a member of SNSI <input type="checkbox"/> yes <input type="checkbox"/> no		

## Information About Your Pet(s) - Please Print

*Attach an additional sheet if you have more pets*

Name		Breed	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Est. Weight
Name		Breed	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Est. Weight

## Release and Certification of Information

For value received, I/we the owner(s) of the above-designated cat or dog, do hereby fully and completely release and discharge Spay-Neuter Services of Indiana, Inc. a/k/a Spay-Neuter Services of Indiana and all persons, agents, employees, directors and officers thereof and/or on its behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses and losses of any kind and description which in any manner pertain to, concern, involve or relate to the spaying or neutering of my/our pet, including such pet's death or injury, and I/we agree to indemnify and hold harmless all entities and persons being released hereunder from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses, and losses resulting from the foregoing activities.

*By my signature below I certify the following:*

- *I understand that SNSI's Spay/Neuter Assistance Program is for limited income pet owners only (per the qualification guidelines).*
- *The information provided with this application is accurate and complete.*
- *I understand that this information is subject to verification prior to approval.*

Signature of pet owner \_\_\_\_\_ Date \_\_\_\_\_

*SNSI values your privacy. Your information will not be shared with anyone without your approval.*