



### **Application Spay/Neuter Assistance Program (SNAP):**

The spay/neuter assistance program is for adult **residents of Forsyth County** showing a financial hardship which prevents them from spaying/neutering their pets. The funds for this program are limited, so it is important that we serve those who need our help the most.

Upon co-pay and approval, you will be issued a voucher for use at a participating Veterinary Hospital. This voucher covers the cost of surgery, but **does not** include any required vaccines. See reverse for more information.

**Your Name:** \_\_\_\_\_ **Where did you hear about this program?** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Street Address (if different from your mailing address):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

In what county do you live? \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Your Age: \_\_\_\_\_ Number of Adults in Household (including you): \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

Current household income per month from all sources (the amount before taxes are taken out): \_\_\_\_\_

Please list any assistance programs from which your household gets help: \_\_\_\_\_

#### **We do ask for a small co-pay to help cover the cost of your pet's surgery: Cats \$15/ Dog \$20**

In some circumstances, the Humane Society of Forsyth County may be able to reduce the \$15/\$20 co-pay (the amount you pay). Please do not let your ability to pay affect your application.  YES, have someone contact me about reducing the co-pay. The amount I could afford is \_\_\_\_\_.

**Important note about privacy:** The information you provide will not be sold or shared. For additional protection of your private information, please mark through the Social Security numbers on all copies of documents before mailing them. Do not send original documents!

In order to qualify you must show proof of financial need. Please attach a COPY of proof of eligibility. This can be any **ONE** of the following:

1. Medicaid card (for adult, not child)
2. WIC card/coupon (with current date)
3. Social Security income (for adult, not child)
4. EBT (Food stamp) card, photo ID & food store receipt dated within 3 weeks.
5. Letter explaining special circumstances for need of assistance.

Note: Social Security income is NOT a qualification unless social security is your **ONLY** income (provide a copy of last year's tax return or at least 3 bank statements showing deposit of SSI check.) SSI declaration letters/ copies of SSI checks are NOT sufficient.

**Please continue on reverse side ...**

**Pet information:**

Animal's Name	Cat/Dog	Sex	Date of Birth/ Age	Approx Weight	Rabies Vac Date & Cert #	Description/Breed

I understand that SNAP vouchers are for pets owned by me—the applicant. The information I have provided about myself, my pets, and my household income is accurate and truthful. I have enclosed a photocopy of my Medicaid card or other proof of my total household income. Fraudulent use of the spay/neuter assistance program will result in services charged to me at full price and possible legal action against me and others involved in the fraudulent use of vouchers.

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

**SEND COMPLETED APPLICATION TO:**

HSFC  
Attn: SNAP  
PO BOX 337  
Cumming, GA 30028  
OR  
Drop it at the adoption center  
4440 Keith Bridge Road  
Cumming, GA 30041

**Need more info?**

Please check the appropriate boxes or contact us about these options

- I need help getting my pet vaccinated.
- I can't afford the \$15/\$20 co-pay. I could afford \_\_\_\_\_.