



Spay/Neuter Assistance Program (SNAP) Application

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: _____ How did you hear about the program? _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Street Address: _____ City: _____ State: ____ Zip: _____

(if different from your mailing address)

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) **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.
4. EBT (Food stamp) card, photo ID & food store receipt dated within 3 weeks.
5. Letter explaining special circumstances for need of assistance.

Please complete both sides of the form...

Animal's Name	Cat/Dog	Sex	DOB/Age	Approximate Weight	Rabies Vaccination Date & Certification #	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 Applications to

HSFC SNAP
4440 Keith Bridge Road
Cumming, GA 30040

Please complete both sides of the form...