
H & P Animal Alliance

Spay/Neuter Initiative Program for LOW INCOME PET OWNERS.

NAME: _____ PHONE: _____

ADDRESS: _____

PLEASE TELL US ABOUT THE PETS IN YOUR HOME

AGE: ___ M/F: ___ Spayed or Neutered: Y/N Breed: _____ Name: _____

AGE: ___ M/F: ___ Spayed or Neutered: Y/N Breed: _____ Name: _____

AGE: ___ M/F: ___ Spayed or Neutered: Y/N Breed: _____ Name: _____

If more pets in the home please list on the back.

PLEASE TELL US ABOUT THE PET(S) YOU WISH TO HAVE SPAYED/NEUTERED

NAME: _____ BREED: _____ AGE: _____

NAME: _____ BREED: _____ AGE: _____

- ARE YOU WILLING TO HAVE ALL YOUR PETS SPAYED OR NEUTERED: Y/N

COLUMBIA COUNTY RESIDENTS: WILL YOUR PETS NEED YEARLY VACCINATIONS? PLEASE CHECK THOSE THAT APPLY.

_____ *Yearly Distemper/Parvo Combo* _____ *Bordetella* _____ *Rabies*

- **The cost of yearly vaccinations are included in the fee for Columbia County residents.**
- **If you are in Ouachita County and would like to include a rabies vaccine with the spay and neuter please send an additional \$5. YOU ARE NOT REQUIRED TO PURCHASE VACCINES IF YOU CHOOSE MAUL ROAD ANIMAL CLINIC BUT IF YOU CHOOSE TO IT WILL BE YOUR RESPONSIBILITY TO PURCHASE AT AN ADDITIONAL COST TO YOU.**

NAME OF VETERINARIAN: _____

Application for low cost spay/neuter assistance

SNIP helps with the cost of spay and neuter services, but will not be responsible for follow up care. Once approved, you will be mailed a voucher with directions on how to schedule your appointment with participating veterinarians. A check or money order for \$50 per pet made out to H & P Animal Alliance with SNIP in the memo line should be mailed in with your application, or you can pay through Paypal (hpanimalalliance@gmail.com). If for some reason your application is denied, your money will be returned promptly along with an explanation of why SNIP will be unable to assist you.

By signing this application, you agree to pay \$50 per pet for spay or neuter services. Other costs that may be associated with spaying or neutering are the responsibility of the pet owners and not SNIP. If you have questions about how the surgery will affect your pet contact one of the three vet offices that accept our vouchers, Magnolia Veterinary Services in Magnolia, Eastridge Animal Hospital in Magnolia, or Maul Road Animal Clinic in Camden.

SNIP is funded by donations. This program is for **LOW INCOME FAMILIES OR INDIVIDUALS** only. Please understand that if you can afford to have your pet fixed yet you apply for this program you are taking money away from us helping those who truly need it.

At SNIP we believe that through education, action, and volunteering we can make a difference in the lives of dogs and cats. If you are benefitting from SNIP's program we ask that you help educate others on the importance of spaying and neutering. Volunteering at local animal shelters is free and another way to show your support. Volunteers are always needed to help clean, walk, play and socialize homeless animals.

By signing below, you are agreeing that your application is complete and accurate and that you are unable financially to afford spaying or neutering services for your pet.

Please return completed form via email, hpanimalalliance@gmail.com, or mail to PO Box 1526, Magnolia, AR 71754, along with payment of \$50 per pet (you can also Paypal the amount). If for some reason your application is denied we will return or refund your payment.

NAME: _____ DATE: _____

*** If you are still unable to afford the fee from SNIP please let us know.