

Sioux Falls SNIP

Spay / Neuter Incentive Program Application

Thank you for your interest in getting your pet spayed!

By getting your pet spayed or neutered you will help reduce the problem of pet over-population in the future. You may also better your pets quality of life and health. Our funds are limited and we want to help the pet owners who truly need financial assistance, so if you can pay for the spay/neuter surgery yourself, please allow us to use our funds to provide assistance to someone who is truly in financial need. Please fill out this form, one per animal, if you feel you qualify for assistance.

You must complete all requested information - incomplete forms will result in denial:

Owner Name: _____

Address: _____

City & Zip Code: _____

Phone Number: _____

Email (if available): _____

Pet Information:

Name: _____

Dog or Cat: _____

Breed: _____

Age: _____

Weight: _____

Sex: _____

Color: _____

How did you acquire your pet: _____

Has this pet ever been bred in the past _____ Under what circumstance (intentional breeding, accidental litter, etc.) and what happened to the offspring

Sioux Falls SNIP is a volunteer organization please contribute as much as you can toward this procedure so that our limited funds for this project can help as many people as possible.

- I am able to pay \$_____ as my share of the cost of this procedure.
- I have provided the following as proof of need: _____
- **TO RECEIVE A VOUCHER, YOU MUST INCLUDE PROOF OF ELIGIBILITY. Proof of eligibility may be a copy of any form, card, or letter that confirms enrollment in a public assistance program.**
- I have provided the following as proof of Sioux Falls address: _____
- **TO RECEIVE A VOUCHER, YOU MUST INCLUDE PROOF OF SIOUX FALLS ADDRESS. Proof of address may be a copy of any form, card, or letter that confirms residence - such as a utility bill, auto registration, etc.**

- If not on public assistance, please explain the situation that would qualify you for this program:

I certify the following to be true:

I have owned this pet since _____ (initial)

I understand that in order to be considered for this program my household must be in compliance with all city & county animal ordinances. _____ (initial)

I understand that spay or neuter of my pet is to better it's quality of life and health.

Sioux Falls SNIP will not cover the extended costs of other elective procedures (such as but not limited to declawing, cropping, docking or dewclaw removal) nor be responsible for care of an animal undergoing those procedures. _____ (initial)

My pet is current on all necessary vaccinations & I will provide proof of such at the time of surgery or be responsible for the fees related to vaccinations to receive services (may be up to \$50) _____ (initial)

Mail this form and proof of eligibility to :

South Dakota Coalition for Companion Animals

P.O. Box 90404

Sioux Falls, SD 57100-0404

605-951-0804

Applications must be received by mail on or before the 15th of each month. They must include your completed application, copy of proof of low income program eligibility (example: copy of State funded assistance card, etc.), copy of proof of Sioux Falls address. Pets must be owned no less than 180 days. Not all applicants will be notified of receipt. Only approved applicants will receive notification. Approval will come within 10 - 20 days of applications deadline.

Upon approval of your application, you will be sent a voucher. You must be issued a voucher before the time of surgery and you must present the voucher and co-pay upon arrival at the clinic.

Owner Signature _____