

Drop off, mail or fax this form to:

Whatcom Humane Society
Attn: SNAP Program
3710 Williamson Way
Bellingham, WA 98226
Fax # 733-4746



S.N.A.P. APPLICATION
(Spay/Neuter Assistance Program)

Your Name _____

Address _____

City & State _____ ZIP _____

Home Telephone _____ Alternate Phone _____

Employer _____

Employer Telephone _____

Are you currently receiving any city or government financial assistance? Yes or No
If Yes, what is the monthly amount? \$ _____ What type _____

Total household monthly income _____

Number of Dependents in Household (exclude yourself) _____

Ages of All Dependents _____

LIST ALL CURRENT ANIMALS IN HOUSEHOLD

DOGS:

Name _____	Breed & Weight _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Breed & Weight _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Breed & Weight _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Breed & Weight _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Breed & Weight _____	M or F? _____	Age _____	Altered? Y or N _____

CATS:

Name _____	Short _____	Medium _____	Long Hair? _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Short _____	Medium _____	Long Hair? _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Short _____	Medium _____	Long Hair? _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Short _____	Medium _____	Long Hair? _____	M or F? _____	Age _____	Altered? Y or N _____
Name _____	Short _____	Medium _____	Long Hair? _____	M or F? _____	Age _____	Altered? Y or N _____

Who is your regular veterinarian? _____

Are your animals currently vaccinated? Yes or No

-----Office Use Only - Please do not write below this line-----

