



Whatcom Humane Society
CARING FOR ANIMALS SINCE 1902

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

Your Name: _____ Date: _____

Street Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Primary Phone # : (_____) _____ Alternate Phone #: (_____) _____

Employer Name: _____

Employer Phone #: _____

Are you currently receiving ANY city or government financial assistance?(Please circle one) Yes or No

If yes, what is the monthly amount? \$ _____ Assistance type _____

Total household monthly income (including above listed assistance): \$ _____

Number of dependents in household (**Excluding yourself**): _____

Ages of all dependents: _____

****Please note – Payment is non-refundable for all spay/neuter fees****

LIST ALL CURRENT ANIMALS IN THE HOUSEHOLD

DOGS:

Name _____ M or F? Breed _____ Weight _____ lbs. Age _____ Fixed? Y/N

Name _____ M or F? Breed _____ Weight _____ lbs. Age _____ Fixed? Y/N

Name _____ M or F? Breed _____ Weight _____ lbs. Age _____ Fixed? Y/N

Name _____ M or F? Breed _____ Weight _____ lbs. Age _____ Fixed? Y/N

Name _____ M or F? Breed _____ Weight _____ lbs. Age _____ Fixed? Y/N

CATS:

Name _____ (Please circle one) Short Medium Long Hair? M or F? Age _____ Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? M or F? Age _____ Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? M or F? Age _____ Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? M or F? Age _____ Fixed? Y/N

Name _____ (Please circle one) Short Medium Long Hair? M or F? Age _____ Fixed? Y/N

Are you able to keep your pet(s) indoors for at least 48 hours after surgery? Y / N

Who is your regular veterinarian? _____

Are your animals currently vaccinated? Yes or No

----- **OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE** -----

Pet's Name(s): _____ Surgery Done _____ No Show _____

Cost: _____ Additional Information: _____

Date Scheduled: _____

Re-Schedule Date: _____