

Spay/Neuter Assistance (SNAP) Application

618 Hwy. 136 Baraboo, WI 53913 Phone: 608-356-2520 Fax: 608-356-2519

Fax: 608-356-2519 www.saukhumane.org shelter@saukhumane.org

License: 266752-DS

This program offers assistance to help reduce spay/neuter costs for Sauk County residents who are: Low-Income, aged 62 +, or have a special circumstance.

APPROVAL IS BASED ON SAUK CO. LOW INCOME LIMITS

Please type/print the following information:

Name (Last, First, MI):				D.O.B:		
Address:		City:		State:		
Phone: Home:		Cell:		Work:		
Household Income (Mo	onthly-Gross-All s	ources):	Montl	nly Expenses:		
Number of people in yo	our home:					
Are you disabled? Y /	N Do you receiv	e any public assista	ance? Y / N If ye	s, please list:		
Please describe the cor	mpanion animal(s	s) for which you are	e requesting assista	nce:		
1. Cat / Dog/Other:	Name	:	Breed:		_Age:	YR / MO
Description (co	lor/pattern):		·			
۸	Nale / Female	Rabies Vaccinatio	on Current: Y / N	Licensed:	Y / N	
2. Cat / Dog/Other:	Name	:	Breed:		_Age:	YR / MO
Description (co	lor/pattern):					
۸	Male / Female	Rabies Vaccinatio	on Current: Y / N	Licensed:	Y / N	
3. Cat / Dog/Other:	Name	:	Breed:		_Age:	YR / MO
Description (co	lor/pattern):					
			on Current: Y / N			
Vet Clinic:	Clinic: Vet's Name:			Phone:		
	I certify	that the above inforr	mation is true and cor	rect.		
Signature:				Date:		

If you qualify, one SNAP certificate per pet will be mailed to you at the address listed above. The SNAP certificate is good for six (6) months from date of issue. Take the certificate(s) with you to your veterinarian at the time of the spaying/neutering appointment. We must also receive proof from your vet of the spay or neuter. In some situations, you may qualify for a credit for future vet care if you have already paid for the spaying/neutering. Certificates are issued in the following amounts: