

SPAY/NEUTER ASSISTANCE PROGRAM (SNAP) APPLICATION



**IN DEFENSE
OF ANIMALS**

**YOU MUST FILL OUT EVERY SECTION COMPLETELY
OR THIS APPLICATION WILL NOT BE PROCESSED**

Return Form to:
 Hope Animal Sanctuary
 52 CR 241
 Grenada, MS. 38901
 Questions 662-466-0906 or 662-392-8939

To Qualify	
You must meet the following income guidelines	
Household Size (Number of People in Home)	Maximum Gross Monthly Income (Combined Income Before Taxes Must Not Exceed These Amounts)
1	\$1600
2	\$2245
3	\$2890
4	\$3535
For each additional family member add \$645	

How to Apply

Fill out this application completely and legibly so we can process it as quickly as possible. Mail this application form when completed to the address in the top left box above.

If approved,

you will be asked to pay Hope Animal Sanctuary \$25 per cat or dog (no other animals accepted into the program at this time). This must be paid before your appointment will be scheduled. We accept money orders or cashier's checks, **no personal checks or cash**. You will receive papers that must be presented to the vet the day of the surgery.

**YOU MUST SIGN THE RELEASE ON
THE BACK OF THIS FORM**



SNAP APPLICATION

Date _____

Name _____

Spouse _____

Street Address _____

City _____

State _____

Zip _____

Home/Cell (or both) Phone Number _____

Work Phone Number _____

Your Place of Employment _____

Spouse Place of Employment _____

Monthly Income

Spouse Income

\$ _____

\$ _____

Other Income (disability, child support, etc)

\$ _____

Up to two animals per household per 3 year period are allowed to use the SNAP program

Dog / Cat (circle)

Sex

Age

Name

Dog / Cat (circle)

Sex

Age

Name

For Office Use Only:

Received _____

App _____

ISS _____

SNAP # _____



SPAY/NEUTER ASSISTANCE PROGRAM (SNAP) RELEASE OF LIABILITY

I hereby acknowledge that I am receiving assistance from In Defense of Animals/Hope Animal Sanctuary to have my animal companion(s) spayed or neutered at a participating veterinary clinic.

I hereby release In Defense of Animals/Hope Animal Sanctuary for any complications that may arise during or after surgery.

I understand in the case of pregnancy, heat, or health problems an additional fee will be incurred which is my responsibility to pay for directly to the veterinary clinic on the day of the surgery.

Signature of Animal Companion Guardian

Date _____