



SPAY/NEUTER ASSISTANCE PROGRAM (SNAP): Application Form

To apply to the SNAP program, please complete this application and submit to:

Second Chance Animal Center
P.O. Box 620
Shaftsbury, VT 05262
Attention: SNAP

Name: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

INFORMATION ABOUT YOUR PET

CAT _____ Male ____ Female ____ Age _____

DOG _____ Male ____ Female ____ Age _____

Pet's Name: _____

Veterinarian: _____

For CAT Owners Only: The SNAP fee is based on which level of service you select:

- Spay or neuter surgery and topical flea treatments
- Spay or neuter surgery, topical flea treatment, rabies vaccine and/or distemper vaccine
- Spay or neuter surgery, topical flea treatment, vaccines, and microchip

For DOG Owners Only: The SNAP fee is based on your choice of participating veterinarians. Also note that the voucher fee will only include spay/neuter surgery and any additional costs are your responsibility.

Signature _____ Date _____

Services and fees are subject to change without notice.