

# SPAY/NEUTER ASSISTANCE PROGRAM



**YOU MUST FILL OUT EVERY SECTION COMPLETELY  
OR IT 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

1 \$1600

2 \$2245

3 \$2890

4 \$3535

For each additional family  
member add \$645

## You Must Provide Proof of Income

**Examples of Proof of Income:**

Copies of paycheck stubs, w-2, proof of food stamps, proof of Medicaid, proof of Social Security Disability, proof of Section 8 Housing.

## 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 and the proof of income verification to the address in the top left box above.

## If Approved

You will pay Hope Animal Sanctuary \$25 per cat or dog. To 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 RELEASE ON THE  
BACK OF THIS FORM**



## SNAP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell (or both) Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Your Place of Employment \_\_\_\_\_

Spouse Place of Employment \_\_\_\_\_

**YOU MUST PROVIDE PROOF OF INCOME (see examples)**

Your Income \_\_\_\_\_ Spouse Income \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Income (disability, child support, etc)

\$ \_\_\_\_\_

Number of Pets at Home \_\_\_\_\_

Dog / Cat (circle) Sex Age Name

Dog / Cat (circle) Sex Age Name

Up to two animals are allowed to use the SNAP program

### For Office Use Only:

Received \_\_\_\_\_

App \_\_\_\_\_

ISS \_\_\_\_\_ SNAP # \_\_\_\_\_



## **SPAY/NEUTER ASSISTANCE PROGRAM (SNAP) RELEASE OF LIABILITY**

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I hereby acknowledge that I am receiving assistance from In Defense of Animals/Hope Animal Sanctuary to have my pet(s) spayed or neutered at a participating veterinarian 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 veterinarian clinic on the day of the surgery.

**Signature of Pet Guardian**

**Date** \_\_\_\_\_