



One by one...

S.N.A.P.
Spay - Neuter Assistance Program

Spay-Neuter Assistance Program Application

Please read all of the below information before filling out the application:

- Only La Crosse County residents are eligible.
- Will only provide assistance for cats and dogs - includes spay/neuter, rabies vaccination, one distemper vaccination, and a nail trim.
- Microchipping is optional and is offered for an additional cost of \$20.
- Only completed applications accompanied by a driver's license/state ID and proof that you are a participant of a qualifying program will be processed. A completed application does not guarantee approval for assistance.
- Qualifying programs are *BadgerCare*, *FoodShare*, *WIC*, and *Seniorcare* and proof of assistance must have a recent date showing that you are a participant of one of these programs. Most common proof of assistance provided is either a copy of your benefits letter or a screenshot from your online portal showing the benefits you receive.
- If approved you will receive instructions on what the next steps are.
- Copays and applicable license fees will be collected once the applicant is approved to go through the program.
Co-pays are: *Cat Spay/Neuter*=\$60.00; *Dog Spay*=\$150.00 *Dog Neuter*=\$125.00. *License fees vary by municipality.*

Applicant Information:

Full Legal Name (incl middle initial): _____ Date of Birth: _____

Email: _____ Phone Number: _____

Driver's License/State ID #: _____ State Issued: _____

Full Address: _____

Building/House number, street, apartment/lot # (if applicable), city, state, zip

List All Cats and Dogs in the Household (*This includes pets not owned by applicant*):

Owned by applicant?	Cat or Dog	Pet's Name	Sex	Is the pet already spayed/neutered?	Breed and Color(s)	Approx Age

By signing this application:

1. I understand that vouchers are only for pets owned by me, the applicant.
2. The information I have provided about myself, the pet(s) in my household and my income eligibility is accurate and truthful.
3. I accept that CRHS reserves the right to rescind approval and should that occur a refund will not be given.
4. I acknowledge the importance of saving money throughout the year for veterinary costs as well as the importance of providing routine and preventative care for my pets and licensing annually.
5. If approved to go through the program:
 - a) I agree to allow the veterinarian clinic who I choose to establish a relationship with on behalf of my pet or pets to share any and all information with CRHS about the health of my pets.
 - b) I understand that this is a once in a lifetime program and I will not be eligible to go through the program again.
 - c) I will be required to pay the co-pay and any applicable license fees to CRHS at the time of receiving my voucher.

Signature: _____ Date: _____