

## Program Information

*SNSI values your privacy. Your information will not be shared with anyone without your approval.*

### **This program covers the cost of spay/neuter surgery only.**

Additional services (such as heartworm testing and prevention, FIV/ FeLV testing, blood work, kennel cough, etc.) may be required by the clinic and are not covered by this program. Each clinic has its own requirements.

### **Pets should receive annual wellness checks, vaccinations and permanent identification for their long-term health and safety.**

Your pet's vaccinations must be current at the time of surgery. If you do not have proof of current vaccinations, you will be required to have these done either at the time of surgery or in advance of surgery through a local wellness/vaccination clinic for an additional cost.

### **Q. How old does my pet have to be to be spayed or neutered?**

**A.** Vets have their own requirements. Some vets will now spay or neuter pets if they are at least 2 months old or weigh at least 2 pounds. Most will spay or neuter your pet if it is at least 4-6 months old.

### **Q. My pet is pregnant; can she still be spayed?**

**A.** This is up to each individual vet; however, most will if early in pregnancy.

### **Q. Where is the closest veterinarian to me?**

**A.** Veterinarians are located throughout Indiana. The most current list of participating clinics will be included with your certificate, and can be found at [www.spayneuterservices.org/clinics.htm](http://www.spayneuterservices.org/clinics.htm) Please verify there is a participating clinic near you.

**Continue to next page for application**

## About SNSI

**Spay-Neuter Services of Indiana, Inc. (SNSI) is a 501(c)(3) non-profit organization.**

**The mission of Spay-Neuter Services of Indiana, Inc. (SNSI) is to eliminate the killing of healthy and treatable cats, dogs, puppies and kittens.**

**SNSI will accomplish this by providing spay/neuter surgical fee assistance through partnerships with private practice veterinarians and low-cost clinics, collaborating with other animal welfare groups, and promoting humane education.**

## Contact SNSI

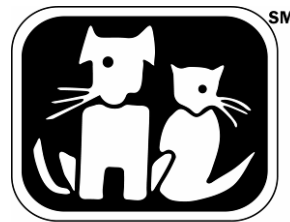
**Spay-Neuter Services of Indiana, Inc.  
P.O. Box 55917  
Indianapolis, IN 46205-0917**

**Voice Mail 317.767.7771  
Fax 866.771.0358**

**On the Internet:  
[www.GetThemFixed.org](http://www.GetThemFixed.org)**

**Email:  
[info@GetThemFixed.org](mailto:info@GetThemFixed.org)**

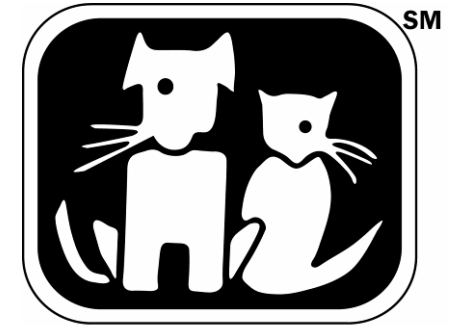
**Spay-Neuter Services of  
Indiana, Inc.**



**SNSI**

peace. love. spay. neuter. <sup>SM</sup>

# Spay-Neuter Services of Indiana, Inc.



**SNSI**

**S**pay  
**N**euter  
**A**ssistance  
**P**rogram

**SNAP**  
**Application**

**Low-Cost Spay-Neuter Assistance  
Program for Indiana households  
with limited income**

**Voice Mail: 317.767.7771  
Email: [info@GetThemFixed.org](mailto:info@GetThemFixed.org)**

# Spay-Neuter Services of Indiana, Inc. (SNSI) Application for the Spay-Neuter Assistance Program (SNAP)

## Instructions

**1** Complete and sign this application.



**2** Obtain a **money order for \$20 per pet** payable to SNSI.



**3** Provide a copy of proof of participation in one of the following needs-based public assistance programs in Indiana. (If your paperwork includes your Social Security number, blacken out or cut out the Social Security number before sending):

- Energy Assistance Program
- Food Stamps
- Major VA Disability
- Medicaid (**not** Medicare)
- Public School Free Lunch Program
- Section 8 Housing
- Social Security Disability (**SSD**) (**not** Social Security Retirement Income)
- Special Supplemental Nutrition Program for Women, Infants, and Children (**WIC**)
- Supplemental Security Income (**SSI**)



**4** Mail application, proof of participation paperwork, and money order to:  
 SNSI, P.O. Box 55917, Indianapolis, IN 46205-0917



Within two weeks, you will receive a SNAP certificate (valid for three months) and a list of participating veterinarians. Schedule your appointment directly with any veterinarian on the list.



If your application is not approved, you will receive a prompt refund.



**Incomplete applications or applications submitted without proper documentation or money order will be returned.**

## Pet Owner's Information - Please Print

Pet Owner's Name

Address

City

State  
**IN**

Zip

Phone number(s)

Email

@

How did you hear about SNSI?

Please send me information on SNSI  yes  no

## Information on your pets that need fixed - Please Print

*Attach an additional sheet if you have more pets that need fixed*

Name

Breed

Cat  Dog

Male  Female

Age

Est.  
Weight

Name

Breed

Cat  Dog

Male  Female

Age

Est.  
Weight

## Release and Certification of Information

For value received, I/we the owner(s) of the above-designated cat or dog, do hereby fully and completely release and discharge Spay-Neuter Services of Indiana, Inc. a/k/a Spay-Neuter Services of Indiana and all persons, agents, employees, directors and officers thereof and/or on its behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses and losses of any kind and description which in any manner pertain to, concern, involve or relate to the spaying or neutering of my/our pet, including such pet's death or injury, and I/we agree to indemnify and hold harmless all entities and persons being released hereunder from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses, and losses resulting from the foregoing activities.

*By my signature below I certify the following:*

- *I understand that SNSI's Spay-Neuter Assistance Program is for limited income pet owners only (per the qualification guidelines).*
- *The information provided with this application is accurate and complete.*
- *I understand that this information is subject to verification prior to approval.*

Signature of pet owner

Date

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