

SNYP LOW-COST SPAY/NEUTER APPLICATION

LARGE DOG BREEDS ONLY



IMPORTANT: This application is for owners of **large breed dogs only**, such as Mastiffs, Pit Bulls, Doberman Pinschers, Boxers, Retrievers, Great Danes, etc. If you have a smaller breed dog or a cat, please complete our regular SNYP application.

Folsom Feline Rescue

(916) 365-4900
info@folsomfelines.org

Folsom Feline Rescue (FFR) works with local veterinarians who have reduced their regular prices for those who cannot otherwise afford to have their pets or strays spayed or neutered. You must supply all of the information requested on this form to receive a low-cost spay/neuter certificate.

Our participating veterinarians rely on us to pre-qualify applicants, and their trust in us and the applicants truthfulness is vital to this program. The veterinarian will make the final determination on whether the animal can and should be altered at this time and whether additional services will be needed.

The participating veterinarians in this program require a minimum set of vaccinations before the surgery can be performed. If your pet is current on its vaccinations, **you must bring a vaccination history from your veterinarian**. You may want to contact your local pet or feed store to find out about low cost vaccination clinics. These vaccinations can given at the time of surgery if needed and **you will be responsible for covering the cost for these vaccines at the time of surgery**. If you cannot afford vaccinations and can provide sufficient reason for needing assistance (see Part II on the back of this form), Folsom Feline Rescue will include vaccinations at no cost to you.

Required vaccinations: Rabies, Distemper

Instructions: Complete all sections and mail the application with a **self-addressed, stamped envelope and CASHIER'S CHECK with the application** to the address on the back. You are responsible for any additional services that you request from the vet. Declawing, tail docking, ear cropping, or any other mutilating procedure cannot be performed in conjunction with the spay/neuter operation. All dogs must be on a leash.

How did you hear about this program?

- Flyer—Location: _____
- Pet store—Location: _____
- Newspaper—Which one? _____
- Internet
- Word of mouth
- Other: _____

PART I—THE ANIMAL(S)

DOGS

1. Number of dogs to spay or neuter: _____ Dogs must be current on the following vaccinations: Distemper/Parvo, Rabies
2. Names of each dog: _____
3. Breeds of each dog: _____
4. Estimated weight of each dog: _____ *Note: Dogs MUST be brought to vet on a leash or in a carrier.*

Proof of vaccinations are required or can be provided at the time of surgery for an additional cost or free with an authorized certificate (you must qualify). Rabies vaccination is required by law.

Please fill out additional information on the reverse side.

PART II—PERSONAL AND FINANCIAL INFORMATION

5. Please complete all information below and **PRINT CLEARLY**. Financial information is used solely for marketing purposes and in order to qualify applicants for free vaccination authorization.

Name _____ Phone Numbers () _____ day
() _____ evening
Address _____
City _____ Zip _____

6. Describe your financial situation, checking all applicable boxes:

- Own home Rent Single income Double income
 Retired Handicapped or disabled Medi-Cal Public assistance

7. What is your estimated gross annual household salary?

- Less than \$30,000 \$45,000 to \$60,000 \$75,000 to \$90,000
 \$30,000 to \$45,000 \$60,000 to \$75,000 Over \$90,000

8. Describe your situation and why you are participating in this program? _____

9. Select the amount of money you are able to contribute. Suggested co-pay is \$40 per dog. This fee allows this program to continue.

- \$40 \$60 Other \$ _____
 Based on the information provided above, I **cannot** afford the cost for vaccinations

PART III—SIGNATURE AND MAILING INSTRUCTIONS

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading. I understand that the certificate(s) will have a 60-day expiration date, will cover only basic spay or neuter surgery, and will be void if I request tail docking, ear cropping, or any other mutilating procedure at the time of surgery. I will not hold this organization, this program, or the veterinarian performing the surgery liable for any complications arising from the spay or neuter procedure or due to pre-existing health problems of the animals.

10. Your signature _____ Date _____
(Must be 18 years or older to sign)

A list of participating veterinarians will be sent to you along with the SNYP certificate(s).

Remember to include with your application a self-addressed, stamped business envelope and CASHIER's CHECK payable to Folsom Feline Rescue.
We no longer accept personal checks due to bounced checks and bank fees.

11. Please mail the completed application, your payment, and a stamped return envelope to:
Folsom Feline Rescue, SNYP Program, P.O. Box 6773, Folsom, CA 95763-6773

ORGANIZATIONAL USE ONLY—APPLICANT, DO NOT WRITE IN THIS BOX

Certificate issued: No Yes, Date Issued _____ Certificate Numbers: _____
Applicant Contacted: No Yes _____
Comments: _____