



Arnell SNAP

Spay Neuter Assistance Program Application 715 268-7387 (PETS)

Return completed application and income verification to:

Arnell SNAP, 185 Griffin St East, Amery, WI 54001

Your name _____ Address _____

City _____ Zip Code _____ County _____

Phone _____

Total monthly household take-home pay _____

Any additional monthly income _____ including public assistance

Please check all of the public assistance programs in which you participate and provide photo copy documentation to verify those programs or income:

- Food Stamps Medicaid Social Security
- Aid to Families with Dependent Children Rent Assistance
- Supplemental Security Income (SSI) Medicaid
- Women, Infants and Children (WIC) Unemployment Benefits

How many people live in your home and are dependent on the above income (include yourself)?

_____ How many are children under the age of 18? _____

Pet information:	Pet 1	Pet 2	Pet 3
Pet's name	_____	_____	_____
Cat or Dog	_____	_____	_____
Male or Female	_____	_____	_____
Color or Breed	_____	_____	_____
Age	_____	_____	_____
Weight of Dog	_____	_____	_____
Veterinarian	_____	_____	_____

Rabies Vaccination _____

Proof of a current rabies vaccination is required. If your pet does not have one, an additional \$5.00 fee will be required to receive a one year rabies vaccination during surgery.

Please read the following and sign in acknowledgement: I understand that I will be denied services if I do not qualify financially on household income, if I falsify any information on this application or if I do not provide documentation verifying household income and rabies vaccination.

Signature _____ Date _____

Printed name _____