



**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)                      \_\_\_\_\_ Badger Care

\_\_\_\_\_ 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. I understand that participation in the SNAP program is offered to a household once a year and prohibits pet adoption from AMHS for a full year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_