

**AMHS USE ONLY**

QB Done: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Initials: \_\_\_\_\_



### Arnell SNAP Spay Neuter Assistance Program Application

Return completed application, income verification, proof of the public assistance programs you participate in, and a valid WI driver's license to: Arnell SNAP, 185 Griffin St East, Amery, WI 54001. Payment is accepted by cash or personal check. Call (715) 268-7387 with any questions. Thank you!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Monthly household income: \_\_\_\_\_

All additional monthly income (including public assistance): \_\_\_\_\_

How many people, including yourself, live in your home and are dependent on the above income?: \_\_\_\_\_

**Please check the public assistance programs in which you participate.**

<input type="checkbox"/> Women, Infants & Children (WIC)	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Social Security
<input type="checkbox"/> Aid to Families with Dependent Children	<input type="checkbox"/> Rent Assistance	<input type="checkbox"/> Badger Care
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Food Stamps

### Pet information:

**PET #1****PET #2****PET #3**

<b>NAME:</b>		
<b>DOG or CAT:</b>		
<b>MALE or FEMALE:</b>		
<b>BREED:</b>		
<b>AGE:</b>		
<b>COLOR:</b>		
<b>WEIGHT:</b>		
<b>CURRENT ON RABIES?</b>		
<b>IF YES, GIVE EXPIRATION DATE:</b>		
<b>NAME OF VETERINARIAN:</b>		

I understand that I will be denied the SNAP voucher 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.

Printed Name: \_\_\_\_\_

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

## Participating Vet Clinics

**\*Please note important information below**

- 1. Northwest Wisconsin Vet Service** 949 State Road 46 Amery, WI 54001 (715) 268-6226 [nwwvet@gmail.com](mailto:nwwvet@gmail.com)  
Hours: M-F 7:30 a.m. – 5:00 p.m. Saturday 8:00 a.m. – Noon  
\*Post-surgical take home pain meds are \$25 for all animals
- 2. Interstate Veterinary Hospital** 421 5<sup>th</sup> St E Centuria, WI 54824 (715) 646-2312 [interstatevet@yahoo.com](mailto:interstatevet@yahoo.com)  
Hours: M 8:00 a.m. – 4:30 p.m.  
T 8:00 a.m. – 7:00 p.m.  
W 8:00 a.m. – 4:30 p.m.  
Th 8:00 a.m. – 7:00 p.m.  
Fr 8:00 a.m. – 4:30 p.m.  
Sat 8:00 a.m. – 2:00 p.m.  
\*Post-surgical take home pain meds are \$10-\$25 (depending on the weight and sex of the animal)  
\*If needed, topical flea treatment is approximately \$20
- 3. Grantsburg Animal Hospital** 886 S Pine St Grantsburg, WI 54840 (715) 463-2536 [vetgah@gmail.com](mailto:vetgah@gmail.com)  
Hours: Mon-Wed and Fri 8:00 a.m. – 5:00 p.m. and every other Saturday 8:00 a.m. – Noon  
\*Post-surgical take home pain meds are \$27 for all animals  
\*If needed, flea treatment is \$26.50  
\*All dog spays and neuters, must have had a negative 4-way diagnostic heartworm test (4DX) within the past 6 months. If not, the clinic will perform the blood test for \$62 prior to the surgery

-The pet owner is responsible for scheduling the surgery and presenting the SNAP voucher to the clinic on the day of surgery.

*Thank you for using the Arnell Memorial Humane Society Spay-Neuter-Assistance-Program!*