

**SNIPP**  
**(Spay/Neuter Innocent Pets Partnership)**

Humane Society of St. Joseph & Buchanan County Missouri  
P.O. Box 6036, St. Joseph, MO 64506  
Phone/Fax 816-232-6955  
[www.humanestjoseph.org](http://www.humanestjoseph.org)

**SNIPP** is intended to assist low-income pet guardians with low-cost spaying or neutering for their dog and or cat through a partnership with local veterinarians. All clients pay a small fee based on the services requested. **If you are financially able to afford the full cost for surgery, please contact a local veterinarian to make an appointment so that those who are truly in need may benefit from this program.** You will be notified about your eligibility for SNIPP by mail. Please print legibly and mail to the address above.

Do not forget to attach a copy of the document (s) providing your proof of income.  
Your application **will not** be processed without these.

**(APPLICANT INFORMATION)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone  
(home/cell) \_\_\_\_\_ (work) \_\_\_\_\_ DOB \_\_\_\_\_

Place of Employment \_\_\_\_\_ How Long \_\_\_\_\_

Spouse or Partner's name \_\_\_\_\_

Place of Employment (spouse or partner) \_\_\_\_\_ How Long \_\_\_\_\_

Others Adults in Household \_\_\_\_\_

Their Place of  
Employment \_\_\_\_\_

Number of Children in Household \_\_\_\_\_ Their Ages \_\_\_\_\_

Do you currently have a veterinarian? If yes, their name \_\_\_\_\_  
no \_\_\_\_\_

Have you or anyone in your household applied to us before? yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, please explain the situation. \_\_\_\_\_

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How did you hear about or who referred you to our program? (Circle those that apply)

Radio Television Newspaper Billboard Friend/relative Veterinarian's office

Education booth City animal shelter or control officer Other \_\_\_\_\_

Check each item that applies below and attach a copy of the document(s) providing proof of your income. Your application **will not** be processed without these.

- \_\_\_\_ a. Living on Social Security as my sole income (Statement of benefits)
- \_\_\_\_ b. Receiving Social Security disability payments  
(Statement of Supplemental Security Income)
- \_\_\_\_ c. Receiving TANF assistance (Statement of benefits)
- \_\_\_\_ d. Qualified to receive food stamps & other nutrition assistance programs  
(Mo. Dept. Social Services benefit summary)
- \_\_\_\_ e. Receiving unemployment compensation (Statement of benefits)
- \_\_\_\_ f. Receiving child support payments (Circuit Court child support history report)
- \_\_\_\_ g. Receiving **other** government assistance based on need (Statement of benefits)
- \_\_\_\_ h. Low income (Send copy of 1040 tax return-front page only)

**(PET INFORMATION)**

Name of Pet \_\_\_\_\_ Cat Dog Male Female

Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

How did you obtain this pet? (Indicate by letter from list below) \_\_\_\_\_ or Other

- |  |                                     |
|--|-------------------------------------|
| a) Found as stray                                | b) Kept from litter                 |
| c) Given by stranger (i.e. outside a store)      | d) Purchased from a breeder         |
| e) Given by friend/family                        | f) Purchased at pet store           |
| g) Adopted from a shelter                        | h) Adopted from rescue/foster group |
| i) Purchased from individual (i.e. newspaper ad) | j) Part of feral cat colony         |

**Circle Services Needed:** : Spay Neuter 1 yr. Rabies  
Preventative Vacc. ----- Dog-DHLPPC Cat-FVRCPC  
Fecal Test Parvo Test Heartworm Test Feline Leuk./Aids Test Flea Treatment

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Name of Pet \_\_\_\_\_ Cat Dog Male Female

Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

How did you obtain this pet? (See above) \_\_\_\_\_

**Circle Services Needed:** : Spay Neuter 1 yr. Rabies  
Preventative Vacc. -----Dog-DHLPPC Cat-FVRCPC  
Fecal Test Parvo Test Heartworm Test Feline Leuk./Aids Test Flea Treatment

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Name of Pet \_\_\_\_\_ Cat Dog Male Female

Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

How did you obtain this pet? (See above) \_\_\_\_\_

**Circle Services Needed:** : Spay Neuter 1 yr. Rabies  
Preventative Vacc. ----- Dog-DHLPPC Cat-FVRCPC

Fecal Test    Parvo Test    Heartworm Test    Feline Leuk./Aids Test    Flea Treatment

List other pets in the household you are not requesting assistance for - how long have they lived with you, and how or where you acquired them:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The St. Joseph veterinary clinics we work with are: All Creatures Animal Hospital, Countryside Veterinary Clinic, East Hills Animal Clinic, Green Hills Animal Hospital and Twin Pines Veterinary Clinic

**Client fee scale is as follows:**

<b>Canine Spay:</b>		<b>Feline Spay:</b>	\$25.00
1-30#	\$25.00		
31-50#	\$30.00	<b>Feline Neuter:</b>	\$20.00
51-80#	\$35.00		
81# Plus	\$40.00	<b>Feline 1 yr. Rabies:</b>	\$ 5.00
<b>Canine Neuter:</b>		<b>Feline Preventative Vacc:</b>	\$10.00
1-50#	\$25.00	(FVRCPC)	
51# Plus	\$35.00		
		<b>Feline Leuk./Aids Test:</b>	\$12.00
<b>Canine 1 yr. Rabies:</b>	\$5.00		
		<b>Fecal Test:</b>	\$ 5.00
<b>Canine Preventative Vacc:</b>	\$10.00		
(DHLPPC)		<b>Heartworm Test:</b>	\$ 5.00
<b>Parvo Test:</b>	\$10.00	<b>Flea Treatment:</b>	\$ 5.00

I understand that the **SNIPP** program is for low-income pet guardians only. I hereby declare that I am the owner of the above named animal(s) or I am responsible for it/them and have the authority to execute this agreement. I certify that the information in this application is accurate and that I have not omitted anything, which would make this application false or misleading. I hereby acknowledge that I am receiving assistance from the Humane Society of St. Joseph for any of the services listed above at a participating veterinarian clinic. I hereby release the Humane Society of St. Joseph of any liability for any complications that may arise during or after a spay or neuter surgery. I understand that in the case of pregnancy, heat, health problems or the inaccurate weight classification of the pet, an additional fee will be incurred which is my responsibility to be paid directly to the veterinarian's office.

Pet Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not forget to attach a copy of the document (s) providing your proof of income.**

**Your application will not be processed without these.**

ALL INFORMATION IS CONFIDENTIAL