

**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 within 2 weeks of the time your application is received. Please print legibly and mail to the address above.**

**(APPLICANT INFORMATION)**

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

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

Phone (home) \_\_\_\_\_ (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 for assistance before? yes \_\_\_\_\_  
no \_\_\_\_\_

If yes, please explain the situation. \_\_\_\_\_

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 \_\_\_\_\_

I certify that I am (check each item that applies and **attach a copy of the document(s) providing proof**): Your application will not be processed without these.

\_\_\_\_ a. living on Social Security as my sole income

\_\_\_\_ b. receiving Social Security disability payments

\_\_\_\_ c. receiving TANF assistance

\_\_\_\_ d. qualified to receive food stamps

\_\_\_\_ e. receiving unemployment compensation

\_\_\_\_ f. receiving child support payments

\_\_\_\_ g. receiving **other** government assistance based on need

\_\_\_\_ h. low income (send copy of 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

c) Given by stranger (i.e. outside a store)

e) Given by friend/family

g) Adopted from a shelter

b) Kept from litter

d) Purchased from a breeder

f) Purchased at pet store

h) Adopted from rescue/foster group

i) Purchased from individual (i.e. newspaper ad) j) Part of feral cat colony

This pet requires: Spay Neuter 1 yr. Rabies & Preventative Vaccines

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

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

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

This pet requires: Spay Neuter 1 yr. Rabies & Preventative Vaccines

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

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

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

This pet requires: Spay Neuter 1 yr. Rabies & Preventative Vaccines

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**All sterilization surgeries will be performed during March, June, September and December. To be considered for the program we must receive your application by the following dates:**

**\*For March** we must receive your application between **January 1 & February 14.**

**\*For June** we must receive your application between **April 1 & May 15.**

**\*For September** we must receive your application between **July 1 & August 15.**

**\*For December** we must receive your application between **October 1 & November 15.**

**Clients fee scale is as follows:**

<u>PROCEDURE</u>	<u>CLIENT PAYS</u>	<u>PROCEDURE</u>	<u>CLIENT PAYS</u>
<b>Canine Spay</b>		<b>Feline Spay</b>	\$25.00
1-30#	\$25.00		
31-50#	\$30.00	<b>Feline Neuter</b>	\$15.00
51-80#	\$35.00		
81# Plus	\$40.00	<b>Feline 1 yr rabies &amp; *Preventative vaccines</b>	\$10.00
<b>Canine Neuter</b>		<b>Feline Leuk. Vaccine</b>	\$5.00
1-50#	\$25.00		
51# plus	\$35.00	<b>Feline Leuk./Aids Test</b>	\$10.00
<b>Canine 1yr rabies &amp; *Preventative vaccines</b>	\$10.00	<b>Fecal Test</b>	\$.500
<b>Parvo Test</b>	\$5.00	<b>Heartworm Test</b>	\$5.00

(\*dog preventative: distemper, parvo, hepatitis, leptospirosis, parainfluenza & corona)  
(\*cat preventative: panleukopenia, rhinotracheitis, calicivirus & chlamydia)

If your income is too high to qualify, but you want to request our help due to **special circumstances:** (for example, if you are maintaining a feral cat colony), fill out the application and **attach a brief letter** telling us why you need our financial assistance.

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.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ALL INFORMATION IS CONFIDENTIAL