



Chenango SPCA Assistance Program Application

SNOOP

Applicant Information

P# _____

Name: _____

Other Household Members (Over the age of 18): _____

Address: _____

Town/City: _____ State: ____ Zip: _____

Primary phone#: _____ County: _____

Email Address: _____

Occupation: _____ Employer: _____

**You must provide proof of Chenango County Residency and proof of assistance.
This agreement is not an automatic approval for funds.**

I am applying for SNOOP for the following pet(s)

Pet 1

Name: _____

Species/ Breed: _____

Age: ____ Color: ____ Sex: ____

Where did Pet Come from: _____

Dog Neuter (\$80) Dog Spay (\$100) Cat Neuter (\$40) Cat Spay (\$70)

Pet 2

Name: _____

Species/ Breed: _____

Age: ____ Color: ____ Sex: ____

Where did Pet Come from: _____

Dog Neuter (\$80) Dog Spay (\$100) Cat Neuter (\$40) Cat Spay (\$70)

Please read and check the follow items. By doing so, I acknowledge that I am applying for assistance for my pet(s) through one of the Chenango SPCA's Assistance Programs and agree to the following:

SNOOP:

- I give permission to the veterinarian office to discuss the status of my pet's health with the Chenango SPCA.
- I am responsible for providing any/all treatment and will follow the directions given to me by my veterinarian.
- I am also responsible for any/all payments beyond coverage of the SNOOP Program.**
- I understand that any funds allocated by the Chenango SPCA will be given directly to my veterinarian upon completion of an alter surgery.
- I am aware that only TWO animals in my household may receive SNOOP funds per the calendar year and that I must re-apply every year for further assistance.
- Once I am notified of program approval, I agree to schedule spay/neuter appointment(s) within 30 days of approval.**
- I agree to notify the CSPCA of the surgery appointment in advance, and it is my responsibility to make sure that the veterinarian clinic participates in the SNOOP Program.
- If I acquire additional pets, my application will become void and I will not be eligible for further assistance by the CSPCA.**
- If the surgery is not completed within 30 days after the approval date, an extension MAYBE granted at the CSPCA's discretion.
- My application will become VOID if the animals are not spayed/neutered within 90 days after the application has been approved.**

Applicant Signature Date

CSPCA Staff Signature Date

Pets at Home

Please fill out for **every remaining** pet in the home.

How Many Dogs: _____ How Many Cats: _____

Pet 1

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Is pet Already Spayed/Neutered? _____

Pet 2

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Is pet Already Spayed/Neutered? _____

Pet 3

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Is pet Already Spayed/Neutered? _____

Pet 4

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Is pet Already Spayed/Neutered? _____

Pet 5

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Is pet Already Spayed/Neutered? _____

Pet 6

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Is pet Already Spayed/Neutered? _____

FOR CSPCA USE ONLY:

Please date & initial

Approval Date: _____

Notified of Approval: _____

Apt Date: _____

Veterinarian: _____

Service In/Out: _____

Notes: _____
