

SNIP— Low Cost Spay / Neuter Assistance Application

For more information call 813-929-1212 or visit us at [www.pascocountyfl.net/PAS](http://www.pascocountyfl.net/PAS)

Send completed application, required copies & payment to: Animal Services 19640 Dogpatch Lane, LOL FL 34638

CERTIFICATE# \_\_\_\_\_

**PART 1: OWNER IDENTIFICATION & PASCO RESIDENCY IS REQUIRED FOR PARTICIPATION IN THIS PROGRAM:**

**1a. Please include both your physical address and mailing address (if different) and a telephone number where you can be reached.**

Pet Owner(s) \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (if different), \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**1b. PHOTO ID: Enclose a copy of Pet Owner's Drivers License or other PHOTO ID and indicate here:**

( ) Drivers License ( ) Other: \_\_\_\_\_

**1c. PASCO COUNTY RESIDENCY: Please enclose a current/recent form of residency verification and indicate below.**

**(other than a Drivers License)**

( ) Utility Bill ( ) Rental Receipt (signed by Landlord) ( ) Other \_\_\_\_\_

**PART 2: Please check below if you are receiving benefits from any of these programs and provide copies of benefit card or current verification: CARDS OR DOCUMENTS PROVIDED MUST SHOW AN EXPIRATION DATE.**

[ ] Medicaid [ ] Food Stamps [ ] WIC [ ] Supplemental Security Income (see note below)

**\*\*\*PLEASE NOTE Social Security, Disability, Unemployment or Worker's Comp are NOT automatic qualifications;\*\*\*  
If you are not receiving one of the above but the family's total income meets the income guidelines, you may still qualify under low income, Part 3.**

**PART 3: If you are not on public assistance, you may still qualify based on household size and income.**

**You must enclose readable copies of one of the following:**

[ ] last year's tax return, or [ ] your last two paycheck stubs, or

[ ] Other proof of income: \_\_\_\_\_

**How many persons (including yourself) live in your household? \_\_\_\_\_**

**What is the total income (before taxes) for all persons in your household, from all sources?**

\$ \_\_\_\_\_ weekly /biweekly / monthly / annually (Circle one)

**PART 4: Low Co-Pay for up to 3 pets per household**

(Cats = \$10; Dogs = \$20)

| Pet Name | Sex | Species | Co-Pay   |
|----------|-----|---------|----------|
| 1. _____ | M/F | Dog/Cat | \$ _____ |
| 2. _____ | M/F | Dog/Cat | \$ _____ |
| 3. _____ | M/F | Dog/Cat | \$ _____ |

**Veterinary Office Use ONLY**

Name of Hospital - \_\_\_\_\_  
DVM Signature \_\_\_\_\_ Date \_\_\_\_\_ County Lic. No \_\_\_\_\_

Sign and date next to each pet when surgery completed

**PART 5: Option for households with more than 3 pets.**

(Cats=\$50; Dogs=\$80)

| Pet Name | Sex | Species | Co-Pay   |
|----------|-----|---------|----------|
| 4. _____ | M/F | Dog/Cat | \$ _____ |
| 5. _____ | M/F | Dog/Cat | \$ _____ |

**Veterinary Office Use ONLY**

Name of Hospital - \_\_\_\_\_  
DVM Signature \_\_\_\_\_ Date \_\_\_\_\_ County Lic No \_\_\_\_\_

**PART 6: 1.**The above described pet(s) live at my home address. I agree that a representative from Animal Services may contact me and schedule a time to come to my home and verify this pet. **2.** I attest that the above information is true and correct to the best of my knowledge. **3.** I hereby consent to the rabies immunization, if required, and spay/neutering of the pet(s) described herein. **4.** Animals that are spayed or neutered and vaccinated as a result of the Low Income program are the responsibility of the animal owners.

I hereby agree that Animal Services, the veterinarians and veterinary hospitals performing surgery, the staff and volunteers have no responsibility or liability for any injury or damage, or claims subsequent thereto, to any person, property or animal, caused directly or indirectly by any of the participating parties. I agree to participate in this program, and agree to this waiver of liability.

**No refunds will be issued to pet owner if surgery appointment is cancelled. Refund requests will be considered on a case by case basis.**

I have read the above statements and sign here that I agree.

Signature of the Pet Owner

(Required) \_\_\_\_\_

Date \_\_\_\_\_

Check or Money Order enclosed for the amount indicated in

Parts 4 & 5: \$ \_\_\_\_\_ (Required)

If you do not include payment your application will not be processed.

Please make checks payable to: PCBOCC

Please allow 3 weeks for processing of the application. If you qualify, you will receive an approved certificate in the mail, along with a list of participating animal clinics and instructions on scheduling an appointment. Before you mail, please check to be sure that you have included all of the required information. Missing information, copies, or payment will result in further delays in processing time.

For Office Use Only