

*Lakeshore Humane
Society, Inc..*

S.N.A.P
**Spay/Neuter
Assistance
Program**



***Save Lives ***
**Spay & Neuter
your Pets**

Liability Waiver

We/I the owner/s of the animal/s receiving spay/neuter services hereby fully and completely release and discharge all persons, agents, causes of action, claims, demands, expenses contents, suits, assertions, damages, and losses of any kind that pertain to the animal/s being spay or neutered, including death or injury.

I am aware that any additional expenses incurred or services provided are the responsibility of the pet owner, including additional charges for spaying or neutering an animal in heat or pregnant and male animals with only one or no descended testicles.

I understand that the Spay Neuter Assistance Program is for household pets and limited income pet owners only, per the qualification guidelines, and understand that the information provided is subject to verification prior to approval.

SIGNATURE

DATE

Place
Stamp
Here

Lakeshore Humane Society, Inc.
1551 N. 8th St.
Manitowoc, WI 54220

Participating Veterinary Clinics

Once you are approved and have received a spay/neuter voucher, make an appointment with one of the participating clinics listed below. Should you have the surgery done at a clinic not listed, you will be responsible for the entire cost of the surgery. Be sure to bring the voucher with you the day of surgery and present it to the clinic upon arrival.

Two Rivers Veterinary Clinic
2339 Roosevelt Ave
Two Rivers - 793- 4477

Manitowoc Animal Hospital
2211 N. Rapids Rd.
Manitowoc - 682-0033

Valders Veterinary Clinic
421 S. Calumet Dr.
Valders - 775-4200

Mishicot Veterinary Clinic
115 Park Lane
Mishicot - 755-2115

SPAY/NEUTER ASSISTANCE PROGRAM APPLICATION

Name _____

Address _____

City _____ State _____

Zip Code _____ # _____

Household gross monthly income \$ _____

Number of family members _____

Recent Federal 1040 Tax form required for income verification

or proof of income from the following categories:

Social Security _____ SSI _____

Medicare/Medicaid _____ Disability _____

Income Guidelines:

(1) Person household \$16,000

(2) Person Household \$20,000

(3x) Person Household \$24,000

Your information will remain confidential



Number of dogs in household _____

Number of cats in household _____

Number of dogs in need of spay/ neutering _____

Number of cats in need of spay/ neutering _____

Voucher Fees

Cat — \$25 DOG—\$50

Proof of Rabies Vaccine Required

Limit-3 per household

FOR OFFICE USE ONLY

Income Verification Date: _____

Approved By: _____

Certificate Issue Date: _____

Number of Certificates Issued _____