

Date: _____
Form of Payment: _____
Amount: _____
Staff Initials: _____

VOUCHER APPLICATION
Spay/Neuter Intervention Project

To participate in SNIP, your pet must have a **current rabies vaccination** as shown on the rabies certificate issued by your veterinarian. The rabies certificate will have a description of the animal, your name, a date of vaccination, and the date the vaccination expires. A rabies tag will NOT suffice as proof of vaccination. *If you believe your pet is current*, you can contact your veterinarian for a copy of the rabies certificate. *If your pet is not current*, it will have to be vaccinated either (1) before the surgery or (2) the day of surgery. The cost of the rabies vaccination is your responsibility.

Please complete the following:

Name: _____ Driver's License #: _____

Home Address: _____
Street City Zip Code

Home Phone: _____ Alternate Phone: _____

Name of Veterinarian: _____ Rabies Certificate #: _____

To qualify for the lowest co-payment, you must meet certain criteria. If you meet any of the criteria listed below, your co-payment will be \$10 per cat and \$20 per dog. If you do not meet these criteria, your co-payment will be \$40 per cat and \$50 per dog.

Social Security

SSI

SSD

Food Stamps

WIC

College Student

Veteran's Benefits

Other _____

OR

Per your most recent tax return, what was your household income? _____

OR

Is this a Stray or Feral Cat? _____

Please complete one form per animal

Dog

Male

Name of Animal: _____

Cat

Female

Weight (estimate): _____

Name of Chosen Veterinarian: _____

SPCA of Brazoria County

When completing this application, please be prepared to show the following:

- A photo ID
- A current Rabies Certificate for the animal on this application
- Proof of financial need

Please note: You may be required to complete additional paperwork on the day of the clinic.

Please read and initial the following:

_____ Professional tools and techniques will be used during the surgical procedure, however, issues may arise before, during, or after the surgery. By signing this form, I agree that neither SPCA of Brazoria County nor the veterinarian/clinic performing the procedure will be held liable for any complications.

_____ I understand that I am responsible for payment if any additional procedures are required (i.e., the animal is 'in heat' or pregnant) or if any complications are discovered and addressed by the veterinarian during surgery.

_____ I understand that there are risks inherent in all veterinary procedures, including illness and death, and I hereby release SPCA of Brazoria County, its staff, volunteers, and Board of Directors from any and all liability related to my pet's procedures.

_____ I understand that if my animal cannot attend this clinic for any reason, I must reschedule for another clinic or exchange this clinic spot for a voucher within 3 months of the date on this form. After 3 months has passed, your co-payment is non-refundable and you will have to purchase another clinic slot or voucher.

Applicant

Date

*SPCA of Brazoria County
141 Canna Lane
Lake Jackson, Texas 77566*