

Humane Society of Southeast Missouri

Spay/Neuter Assistance Program

**YOU MUST FILL OUT EVERY SECTION COMPLETELY
OR IT WILL NOT BE PROCESSED.**

Return Form To:

Humane Society of Southeast Missouri
2536 Boutin Drive
Cape Girardeau, MO 63701
Questions: 573-334-5837

To Qualify

You must meet the following income guidelines

Household Size (Number of people in home)	Maximum Gross Monthly Income
1	\$1,849
2	\$2,494
3	\$3,139
4	\$3,784
<i>For Each Additional Family Member add</i> \$645	

You Must Provide Proof of Income

Examples of Proof of Income:

Copies of paycheck stubs, W-2's or a letter from
the Social Security Office: 1-800-931-7077

How To Apply

Fill out application completely and legibly so we
can process it as quickly as possible 

Return Form Options:

1. Mail this completed application (this form) and
the proof of income verification to the **address in
top left block above OR**

2. Return In Person: Bring the application/form
AND proof of income to the address in **top left
block above between 11 am until 5 pm.**

If Approved

You will pay \$25/cat or \$35/dog to us. You may
pay in person or mail the fees. We will accept
Money Orders. We do not accept checks. Do not
send cash in mail. **You will receive papers that
must be presented to Vet at time of surgery.**

****YOU MUST SIGN RELEASE ON BACK OF FORM****



SNAP APPLICATION

Date: _____

Name _____

SS# _____

Spouse _____

SS# _____

Street Address _____

City _____

State _____

Zip _____

Phone Work _____

Home/Cell or both _____

Your Place of Employment _____

Spouse place of employment _____

YOU MUST PROVIDE PROOF OF INCOME(see examples)

\$ _____ \$ _____

Your Income _____

Spouse Income _____

\$ _____

Other Income (disability, child support etc) _____

Children and/or Dependents:

Name _____

age _____

Name _____

age _____

Name _____

age _____

Name _____

age _____

(if more list on back)

Is there any information or a situation regarding your
income you feel should/could affect your approval? (
children in college, excessive medical bills etc.) Use the
back to explain

of Pets at home? _____

Dog/Cat(circle) _____

sex _____

age _____

name _____

Dog/Cat(circle) _____

sex _____

age _____

name _____

ALL ANIMALS MUST BE UP TO DATE ON VACCINATIONS

Was this animal adopted from this shelter: Yes No

Only two(2) animals are allowed to use the SNAP program

For Office Use Only:

Received _____ App _____ ISS _____ SNAP # _____

Form revised March 2017

SPAY NEUTER (SNAP) RELEASE OF LIABILITY

I hereby acknowledge that I am receiving assistance from the Humane Society of Southeast Missouri to have my pet spayed and/or neutered at a participating Veterinarian clinic. I hereby release the Humane Society of Southeast Missouri of any liability for any complications that may arise during or after surgery. I understand that in the case of pregnancy, heat, health problems or an inaccurate weight classification of the pet an additional fee will be incurred which is my responsibility to pay for directly to the Veterinarian's Clinic.

Signature of Pet Owner

_____ Date _____

Use this space for any other information you want us to know: