

# Southeast Missouri Pets Spay/Neuter Assistance Program

***You must fill out every section completely or application will not be processed.***

Return Form To:  
Southeast Missouri Pets  
180 Boutin St.  
Cape Girardeau, MO 63701  
Questions: 573-334-5837

## SNAP Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Spouse Place of Employment: \_\_\_\_\_

Your Income: \_\_\_\_\_ Spouse Income: \_\_\_\_\_

Other Income: \_\_\_\_\_

Children/Dependents (for additional space, use back of page):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Pet Information

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: Dog or Cat Sex: M or F

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: Dog or Cat Sex: M or F

**ALL ANIMALS MUST BE UP TO DATE ON  
VACCINATIONS.**

Was this animal adopted from this shelter: Yes No  
Up to **two** animals are allowed to use the SNAP program.

For Office Use Only:  
Received: \_\_\_\_\_ App: \_\_\_\_\_ ISS: \_\_\_\_\_ SNAP#: \_\_\_\_\_  
Form revised May 12, 2023

### To Qualify

You must meet the following income guidelines:

Household Size (number of people in home):	Maximum Gross Monthly Income:
1	\$2,096
2	\$2,823
3	\$3,551
4	\$4,249

For each additional family member, add \$728 per month.

### You Must Provide Proof of One Month's Income

**Examples:**

Copies of paycheck stubs, W-2's, or a  
letter from the Social Security Office:  
1-800-772-1213

### How To Apply

Fill out the application completely and legibly so it can be processed as quickly as possible.

Return form **with signed release on back page** by:

1. Mailing completed form and proof of income verification to Southeast Missouri Pets **OR**
2. Return completed form and proof of income to Southeast Missouri Pets between 10am and 5pm.

### If Approved

You will pay \$25/cat or \$35/dog. We do not accept checks. We accept Money Orders. Do not mail cash. Upon payment to us you will receive papers that **MUST** be presented to Vet at time of surgery.

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

## **Release of Liability**

### **S.N.A.P**

I \_\_\_\_\_ acknowledge that I am receiving assistance from Southeast Missouri Pets to have my pet spayed/neutered at participating veterinarian clinic. I hereby release Southeast Missouri Pets 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 the inaccurate weight classification of the pet, an additional fee will be incurred which is my responsibility to be paid directly to the veterinarian's office.

---

Signature of Pet Owner

---

Date