



Animal Resource Foundation

PO Box 273 – Palo, IA 52324 – www.arfiowa.org

SPAY AND NEUTER INCENTIVE PLAN (SNIP) APPLICATION

Animal Resource Foundation is dedicated to eliminating pet overpopulation by offering spay and neuter assistance programs. You can help support our mission by having your pet altered. This program has been created for responsible pet owners and caretakers with genuine need, and who may not be able to afford the surgery otherwise. ARF works with specific local veterinary clinics to provide reduced fee spay and neuter surgeries. These surgeries are funded solely by grants, donations and fundraising events.

Complete the application and return to: ARF Iowa - PO Box 273 - Palo, IA 52324 or sandy@arfiowa.org

If your application is approved, we'll contact you regarding program details. We require you to make a co-pay for each animal to cover your portion of the surgery. The balance of the surgical fees will be covered by ARF. You will be responsible for the cost of any additional vaccinations, tests or other procedures required or requested from the clinic.

*****Cats may not be declawed in conjunction with this program. Incomplete applications will not be accepted.**

How did you hear about us and our program? _____

PERSONAL INFORMATION

Applicant Name: _____ Phone: _____

Address: _____ City: _____ County: _____

State: _____ Zip: _____ Email: _____

Employed: ☐ Full-time ☐ Part-time ☐ Unemployed Employer: _____

Employer Address: _____

Are you a colony caregiver, feed strays or care for barn cats? ☐ Yes ☐ No How many cats do you need to fix? _____

How many dogs do you have? _____ How many dogs are fixed? _____ How many dogs do you need to fix? _____

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FINANCIAL INFORMATION

What is your total monthly household income? _____

Which of the following benefits do you receive? *Please check all that apply.*

☐ Social Security ☐ Medicaid ☐ Medicare ☐ Unemployment ☐ Hawk-i ☐ Food Stamps ☐ WIC

How many adults are living in your home? _____ How many children are living in your home? _____

Please describe your situation and why you are asking for spay and neuter assistance: _____

PET INFORMATION

(Please complete a section for each pet whether they live inside or outside. If you have more than five pets, please print and attach additional sheets if needed. If feral/stray, please provide as much information about each pet as possible.)

Pet Name:_____ **Age:**_____ **Breed:**_____ **Color:**_____

Type of Pet:

- ☐ Indoor Cat
☐ Outdoor Cat
☐ Dog
☐ Bunny

Sex of Pet:

- ☐ Male ☐ Female ☐ Not Sure

If female, how many litters has she had?

Hair Coat:

- ☐ Short
☐ Medium
☐ Long

When was this pet last seen by a vet?

- ☐ Never ☐ 0-3 years ago
☐ 3-5 years ago ☐ More than 5 years ago

What vet/clinic saw this animal?

I would like this pet to have the following services: ☐ Spay or Neuter ☐ Distemper Shot ☐ Rabies Shot

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WAIVER OF LIABILITY

Please read and initial each item indicating you understand and agree with the statement.

- ☐ I am applying for financial assistance to spay/neuter my pets through Animal Resource Foundation.
- ☐ I understand that Animal Resource Foundation is not an animal rescue, animal shelter or a veterinary clinic. They are an animal welfare organization that raises money to help owners spay and neuter their pets.
- ☐ Completing this application does not guarantee assistance and my participation is at the sole discretion and approval of Animal Resource Foundation.
- ☐ Animal Resource Foundation has limited funding and I may or may not be eligible for funding based on my situation, qualifications or funds available through the program.
- ☐ If I am approved, I agree to make an appointment in a timely manner to ensure funding is available when I need it. I understand that if I wait too long I risk losing my funding.
- ☐ I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any omission or misrepresentation shall be considered sufficient cause for disqualification of assistance.
- ☐ I authorize Animal Resource Foundation to contact any sources necessary to establish accuracy of the information provided on this application.
- ☐ I understand that if I am approved my coupon is good only for my pets and it cannot be transferred.
- ☐ I agree to verify my ID at the participating veterinary clinic if it is required.
- ☐ I understand that while the clinic **may** offer other low-cost services at the time of surgery such as vaccinations, flea control, worming, and micro-chipping, these are optional and not covered under the ARF voucher program. If I choose to add any of these services; I understand that I am responsible for those charges.

I hereby give consent for my animal(s) to be spayed/neutered through the ARF SNIP program. Animals altered through the ARF SNIP program are the sole responsibility of the pet owners. I hereby agree that Animal Resource Foundation, the SNIP program and the veterinarian/clinic performing the surgery 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.

By signing this document I agree that I am voluntarily participating in this program, agree to the terms outlined in this program and agree to this waiver of liability.

Signature of Pet Owner (Required)

Date

ARF OFFICE USE ONLY

Approved: ☐ Yes
☐ No

Approved by: ☐ Connie
☐ Gretchen
☐ Sandy

Issue Date: _____

Expiration Date: _____

Clinic Referral: ☐ IHA ☐ Anamosa ☐ Cat Guardian

Coupon Number: _____

☐ Other: _____

Date Mailed: _____

Notes: _____

