

Spay/Neuter Assistance Program (SNAP)



ABOUT THE PROGRAM

This program is designed to reduce pet overpopulation by providing low cost spay/neuter services to Racine County, Ozaukee County, and Brown County communities. Appointments are offered on select days depending on campus, with drop offs scheduled in the morning and pick-ups in the late afternoon/early evening. For preventative, follow-up, emergency or any services other than spay/neuter, please contact your veterinarian.

WHO QUALIFIES?

To qualify for the low-income tier, you must demonstrate financial need by presenting one of the following:

- Forward card or proof of state medical benefits
- Quest card or proof of state food assistance
- Wisconsin Works
- Letter confirming current unemployment compensation
- College/University student ID
- Social Security letter or statement
- Kinship Care statement
- Proof of income demonstrating yearly household income 70% of poverty level or below

If you do not meet the above criteria you can still participate in the SNAP program. All animals must be up to date on both Rabies and Distemper vaccinations before scheduling an appointment. It is highly recommended that dogs also be up to date on Bordetella as well, although it is not required. Check our website for information about our next low-cost vaccine clinic.

HOW DO I APPLY?

To apply, you must present the following in person at the Wisconsin Humane Society Racine Campus or Green Bay Campus:

- A completed SNAP application.
- Proof of vaccinations (Rabies & Distemper) for each animal you wish to have spayed/neutered.
- If applicable, proof of state aid or government assistance.
- Payment for services.

Once verification of all items has been received your appointment can be scheduled. **Due to the popularity and demand for the program, we are unable to accept partially completed applications or schedule appointments before receiving all information.**

SNAP Program Pricing

Procedure	Low-Income Residents	Standard
Cat Spay/Neuter	\$50.00	\$100.00
Dog Spay/Neuter	\$85.00	\$140.00
Pit-Bull Type Dog Spay/Neuter	\$60.00	\$100.00
Rabbit Surgeries (Ozaukee & Green Bay Campuses Only)	\$85.00	\$140.00
Additional Animals	\$70.00 each* *\$25 each for cats, \$35 for Pit Bull mixes	\$85.00 each
Additional Fees May Apply		
Dogs Over 100lbs	Add \$20.00	Add \$20.00
Cryptorchid	Add \$20.00	Add \$20.00
Umbilical hernia repair	Add \$10.00	Add \$10.00

Available for an additional fee:

- Heartworm Test (dogs) - \$35.00
- Bordetella Vaccine (dogs) - \$20.00
- Microchip - \$20.00
- FeLV (feline leukemia) Test (cats) - \$35.00
- FeLV/FIV Test (cats) - \$45.00
- Flea & Ear Mite Treatment - \$10.00
- E-collar- \$5.00

CANCELLATIONS & RESCHEDULING POLICY

Out of courtesy to those interested in the SNAP program, we can only permit one cancelled or rescheduled appointment. If a second appointment is cancelled, it may be at least 6 months before we can schedule another time for your animal to be seen.

Questions? Call (262) 554-6699 in Racine, (262) 377-7580 in Ozaukee, or (920)-469-3110 x110 in Green Bay

Spay/Neuter Assistance Program (SNAP) Application

Name		
Address	City	Zip
Phone (Day)	Phone (Evening)	Email
Date of Birth	Driver's License/ID Number	

How did you hear about the SNAP program?

- Family/Friend
 Visit to Wisconsin Humane Society
 Wisconsin Humane Society website
 Veterinary referral
 Radio
 TV
 Other _____

Total number of animals in your household: Cats _____ Dogs _____

Total number of animals that are already spayed or neutered _____

Household Income Verification:

Please check all that apply to your household. You will need to bring proof of qualification to your appointment.

- Forward card or proof of state medical benefits
 Social Security statement
 Quest card or proof of state food assistance
 Wisconsin Works
 Letter confirming unemployment compensation
 Kinship Care statement
 College/University student ID

-or-

If none of the above apply, you may qualify based on household income. Please check types of income and total monthly household income below. You will need to bring proof of qualification to your appointment.

- Employment income
 Child support
 Retirement pension
 Help from family/friends
 Worker's compensation
 Other: _____

Total monthly household income: \$ _____

Are any of the animals you are signing up for the SNAP program over 100 lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
For male animals: Has your animal been diagnosed as a cryptorchid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your animal have an umbilical hernia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Participating Animal Information:

1	Animal Name		Species <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
	D.O.B.	Breed	Color/Pattern		
	Where did you get your animal? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Other:				
2	Animal Name		Species <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
	D.O.B.	Breed	Color/Pattern		
	Where did you get your animal? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Other:				
3	Animal Name		Species <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
	D.O.B.	Breed	Color/Pattern		
	Where did you get your animal? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Other:				
4	Animal Name		Species <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
	D.O.B.	Breed	Color/Pattern		
	Where did you get your animal? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Shelter <input type="checkbox"/> Breeder <input type="checkbox"/> Other:				

If you have additional concerns about your pet's health, please describe below.

The following people are able to make medical decisions for my animal(s) on my behalf, including pick up/drop off, consent to services, etc:

Please bring any medical records you have for your animal(s) to the surgery appointment.

I certify that the information provided in this application is true to the best of my knowledge. I understand that I will be denied services if I do not provide the documentation required by the program. The Wisconsin Humane Society strives to provide exceptional client service by treating each client with respect and kindness. I agree to maintain a collegial relationship with the Wisconsin Humane Society, our staff, and volunteers, and understand that failure to do so will result in being ineligible to participate in the SNAP program and other WHS programs.

Applicant's Signature _____

Date _____

Printed Name _____

For Office Use:

Vaccines Verified by: _____	Low Income Tier <input type="checkbox"/> Standard Tier <input type="checkbox"/>
Assistance Verified by: _____	Amount Paid \$ _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/>
Additional Services Requested: <input type="checkbox"/> Microchip <input type="checkbox"/> FeLV/Heartworm Test <input type="checkbox"/> Flea Treatment <input type="checkbox"/> E-Collar	
Appointment Date & Time: _____ Scheduled by: _____ PetPoint by: _____ Person # _____	

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