



2019

2405 W. Picacho, Ste. 103, Las Cruces, NM 88007 (575) 524-9265

www.snapnewmexico.org

Doña Ana County Residents – Instructions for Mail-in Application

The SNAP office is open Tues thru Fri. 11 am to 3 pm. You are welcome to visit our office when open **OR MAIL – IN YOUR VOUCHER APPLICATION, WHICH IS ATTACHED.**

1. Calculate, circle, and certify the total amount of income for your **household** in the application. This can be gross income from tax return, SSI, SSD, SSA, unemployment, pay stubs, or self-employment. **Attach copy of income document(s)**
2. **Attach copy of photo I.D. with application**
3. Money order **\$40.00 for each dog and \$30.00 for each cat**
Your money order is a co-payment for the surgery. SNAP pays for the surgery, anesthesia and pain meds. If your pet is in heat or pregnant or has other medical conditions, you are responsible for those costs. Please discuss with your veterinarian prior to surgery. Be sure money order is fully completed with pay to SNAP and your Name and address as submitter. **Send only one money order for total**
4. **Include all following information for each pet:** Name, cat or dog, male or female; if a dog, include weight and breed, age; if cat include color, short, long, or medium hair, and age.
5. **Circle the Veterinary Clinic you want to go to for your pets surgery** You can only go to the clinic you circle.
6. Send the application and the money order to the address listed above. Be sure to complete all sections of the mail-in application. Once the application and money order are received, we will then send you the voucher(s).

Once you receive the voucher, you will need to call the veterinarian clinic to set up your appointment. They will give you instructions on how to care for your animal prior to and after surgery. **Read the voucher carefully; it will have an expiration date and limits on what services the voucher covers.**

If you have any questions, please feel free to contact us at **575-524-9265**. If we do not answer, we are busy helping clients, so please leave a message.

Thanks for having your pet spayed/neutered!! We need all residents to fix their animals in an effort to help with pet overpopulation.

Donations are always appreciated. Without donations, we would not be able to help pet owners with these spays/neuters.

SNAP is a 501(c) 3 non-profit organization
Working to end pet overpopulation in Dona Ana County, New Mexico

KEEP THIS PAGE FOR FUTURE REFERENCE – DO NOT RETURN WITH APPLICATION

MAIL IN APPLICATION FOR SPAY NEUTER VOUCHER(s)

Spay Neuter Action Program – 2405 W. Picacho, Suite 103, Las Cruces, NM 88007

Telephone: 575-524-9265 www.snapnewmexico.org

Veterinary Clinics: Animal Hospital of Las Cruces, Animal Service Center, Arroyo Veterinary Clinic, Calista Animal Hospital, Jornada Veterinary Clinic, William J. Schumacher, DVM., Paws N' Hooves (mobile clinic serving South Valley areas of Dona Ana County) and Mesa Veterinary Clinic (operated by Paws N' Hooves staff).

CIRCLE the clinic you want to go to. Your voucher can only be used for this clinic /non-assignable or transferable for pet owner listed below. A maximum of 5 pets per owner each year!

By applying for a SNAP voucher you are certifying that you are the owner of this pet(s).

Pet Owner Name _____ Mailing Address: _____

Phone (s) _____ City, State, Zip Code: _____

→>>> (Zip Code Mandatory)

Address inside City Limits? Y _____ N _____ Email Address: _____

Females in heat or pregnant Y _____ N _____ (if multiples, mark A, B, C, D, after your selection)

- | | | | | | | | | | <u>Months or year</u> |
|----|-------------------|---------|---------|----------|---------|----------------|-------------|-------------|-----------------------|
| 1. | Animal Name _____ | Cat ___ | Dog ___ | Girl ___ | Boy ___ | Dog weight ___ | Breed _____ | Color _____ | Age _____ |
| 2. | Animal Name _____ | Cat ___ | Dog ___ | Girl ___ | Boy ___ | Dog weight ___ | Breed _____ | Color _____ | Age _____ |
| 3. | Animal Name _____ | Cat ___ | Dog ___ | Girl ___ | Boy ___ | Dog weight ___ | Breed _____ | Color _____ | Age _____ |
| 4. | Animal Name _____ | Cat ___ | Dog ___ | Girl ___ | Boy ___ | Dog weight ___ | Breed _____ | Color _____ | Age _____ |
| 5. | Animal Name _____ | Cat ___ | Dog ___ | Girl ___ | Boy ___ | Dog weight ___ | Breed _____ | Color _____ | Age _____ |

******Total copayment (money order) total # of dogs x \$40, total # of cats x \$30 Amount submitted \$ _____
!! If multiple pets, send **only one money order**, signed by you with name & address, payable to SNAP**

Qualifying Documents For Low Income Clients

Please **Circle** Your Proof/ Source of Income, which may be **SSI or SSD or SSA or Tax Return**. **Attach copy of income document and photo I.D. with this application**

SSI/SSD/Social Security	Unemployment Benefits	Photo I.D.
Federal Tax Return	Other:	Where did you hear about SNAP?

Fill in your total household income and certify that the information is correct by signing below.

Total Household Income _____ # in family _____

→>>> I certify that the above information is true and correct.

Signature

Date

WAIVER: I hereby certify that I have a qualifying income level and need financial assistance to pay for the sterilization of my pet. I understand that there is a degree of risk in any surgery and that neither SNAP nor their participating veterinarians are liable for medical complications that occur from surgery.

You may be charged by the veterinarian for additional services not covered by this voucher based on your pet's individual condition. Please check with the veterinarian's office prior to surgery regarding any additional fees that you might be required to pay at the time of the surgery. [There will be an additional charge for female pets who are in heat or pregnant.](#)

REQUIRED SIGNATURE:

Client Signature : _____

Volunteer: _____