



SPAY NEUTER COUPON -- PLEASE PRINT OR TYPE --
Spay Neuter Assistance Program, Inc
 P.O. Box 126702
 Harrisburg, PA 17112-6702
 (717) 732-LEss(5377)
 www.snapofpa.org
 Serving South Central Pennsylvania

The participating veterinary practices listed below establish their own guidelines for acceptance of SNAP Spay Neuter Coupons & Grants. A preliminary office visit, proof of current vaccinations, blood work, overnight stay, and/or additional vaccinations/shots, may be required. **Fees for surgical complications, females in heat or pregnant, or males with undescended testicles may also be applied. These and any other costs will be charged at the Veterinarians' discretion, at their rates, and are in addition to the surgery price indicated on this form. Any and all of these ancillary charges are your financial responsibility.**

It is recommended that you obtain an estimate of costs and understand all conditions, prices, and requirements prior to selecting a practice and scheduling your pet for surgery.

In some cases, a deposit is mandatory to secure your appointment.

Age restrictions vary by practice.

When calling to schedule your pet for surgery, identify yourself as a SNAP Client. Failure to do so will result in standard office rates being charged.

SECTION 1 OWNER & ANIMAL INFORMATION ** ONLY ONE ANIMAL PER FORM **

Owner's Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone No. Daytime _____ Evening _____

Cat Male _____	Dog Male _____
Female _____	Female _____

Pet's Name _____
 Pet's Age _____

I (we) hereby agree(s) to at all times release and hold harmless Spay Neuter Assistance Program, Inc., its officers, directors, members, agents and assigns from and against any and all claims, liabilities, losses, damages, charges, fees and expenses of every nature and character which I (we) may sustain or incur by reason or on account of the spaying or neutering of my (our) animal(s) described above. I (we) understand that the Spay Neuter Assistance Program's only involvement and purpose is to provide funds (with or without contributions from animal owners) for the spaying and neutering of domestic animals. Accordingly, I (we) hereby issue this release from liability. I (we) further agree to execute whatever documents are required by the Doctor(s) of Veterinary Medicine who are to perform the spaying and neutering on my (our) pet.

Date _____ Signature _____
 (Must be at least 18 years of age)

Instructions:

1. Complete Section 1 including signature and date.
2. Select a veterinary practice from the list on back and call THEM to schedule your appointment.
3. Specify that you are using a Spay Neuter Assistance Program Coupon.
4. This coupon as well as all certificates for required vaccinations must be presented at the time your pet is admitted to the veterinary practice for surgery.
5. The entire cost for surgery is due at the time of service.

The Veterinary Practices listed on the back of this form participate in SNAP's low-cost program and honor the SURGERY rates shown below.

ADDITIONAL CHARGES MAY BE IMPOSED AT THE DISCRETION OF EACH PRACTICE and are your financial responsibility.

🐾 Male Cats - \$25 (Surgery Fee Only) 🐾 Male Dogs - (0-80 lbs) - \$55 (Surgery Fee Only)
 🐾 Female Cats - \$40 (Surgery Fee Only) 🐾 Female Dogs - (0-80 lbs) - \$65 (Surgery Fee Only)
 80 lbs. - Fee varies by veterinary practice

The Veterinarian Practices listed on this form may add additional charges to the pricing above. When working with any one of these clinics, please be sure **to get a complete estimate of all costs** associated with your pet's surgery prior to the surgery. SNAP is not responsible for nor will reimburse any fees assessed.

The low cost for Spaying / Neutering your pet is made possible thanks to the donation of time and supply costs by our participating veterinarians. Please show your appreciation for the important community service they provide by keeping your appointment and thanking them for their service.

**THIS COUPON HAS NO MONETARY VALUE.
 It will only guarantee the reduced cost spay neuter surgery prices as shown at the participating veterinarians listed above.**

PLEASE READ BOTH SIDES CAREFULLY

SNC 9/18

SECTION 2 FOR SNAP VETERINARIAN USE ONLY

The animal described above on _____
 had the following Veterinary procedure performed _____
 _____ Fee \$ _____

 (Veterinary Hospital)

 (Signature of Veterinarian)

SECTION 3 FOR SNAP USE ONLY

Grant # _____
 Date Approved _____
 Amount from Client _____
 Amount from SNAP _____
 Total _____
 Pd. Ch. # _____ Date _____