



**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

**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          |

**LOW COST SPAY NEUTER PROGRAM PARTNER**

Humane Society of Harrisburg Area



**NO COUPON NEEDED**

To schedule an appointment, please call 564-3320 and follow the prompts. Leave your name, phone number, desired clinic day, and whether the cat or dog needs to be spayed (female) or neutered (male). You may also schedule an appointment by emailing Kristy Shelly at kristys@humanesocietyhbg.org.

- |  |  |
|--|--|
| 🐾 Male Cats - \$40 (No Additional Charges)   | 🐾 Male Dogs - \$70 (No Additional Charges)   |
| 🐾 Female Cats - \$60 (No Additional Charges) | 🐾 Female Dogs - \$85 (No Additional Charges) |

Cats and dogs should be a minimum of 4-5 months of age and younger than 7 years and must be up-to-date on vaccinations. Proof of current vaccinations (rabies and distemper combination) must be provided. If proof of vaccination is not provided, vaccines will be administered by HSHA for an additional \$10 each.

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.

**CUMBERLAND COUNTY**

**Newville Animal Hospital  
 Farrell Veterinary Associates, Inc.**  
 Newville 776-6311  
 (Cats Only)

**Holly Pike Animal Hospital  
 Farrell Veterinary Associates, Inc.**  
 Carlisle 240-0700  
 (Cats Only)

**Gettysburg Road Animal Hospital**  
 Mechanicsburg 697-7373

**Lower Allen Veterinary Clinic**  
 Camp Hill 975-9711

**Silver Springs Animal Clinic**  
 Mechanicsburg 766-5980

**Boiling Springs Animal Hospital**  
 Boiling Springs 258-4575

**DAUPHIN COUNTY**

**Colonial Park Animal Clinic**  
 Harrisburg 540-7140

**Noah's Ark Veterinary Center**  
 Harrisburg 652-5923

**LEBANON COUNTY**

**Palmyra Animal Clinic**  
 Palmyra 838-5451

**Pet's Day Surgery**  
 Lebanon 675-2080

**East Lebanon Animal Clinic**  
 Lebanon 272-2453

**YORK COUNTY**

**Hopewell Veterinary Service**  
 Stewartstown 993-2155

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.

**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.**

**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 \_\_\_\_\_

**PLEASE READ BOTH  
 SIDES CAREFULLY**

**PLEASE READ BOTH  
 SIDES CAREFULLY**