



VC SNAP (Valencia County Spay and Neuter Assistance Partnership)

SPAY OR NEUTER VOUCHER PROGRAM APPLICATION

OWNER'S INFO:	
FULL NAME	
PHYSICAL ADDRESS	
MAILING ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
CURRENT ANNUAL INCOME:	
PET'S INFO:	
NAME	
AGE	
WEIGHT	
MALE OR FEMALE	
BREED	
COLOR AND MARKINGS	
CURRENT ON VACCINES? WHICH ONES?	
HUMAN OR PET AGGRESSIVE? (explain)	
DOES PET LIVE OUTDOORS? CHAINED?	
HAVE YOU BRED YOUR PET? How many times?	
IF FEMALE, IS SHE CURRENTLY IN HEAT OR PREGNANT?	
IF FEMALE, WHEN DID SHE LAST GIVE BIRTH? (Mon/Yr)	
IF MALE, HAVE BOTH TESTICLES DROPPED?	
LIST ALL CURRENT AND PAST HEALTH ISSUES	
FLEAS OR TICKS?	
COUGHING, SNEEZING, DIARRHEA OR VOMITING?	
YOUR VETERINARIAN PRACTICE (Name and address)	

*****For the safety of your pet, please be completely honest when answering the questions above*****

The health of your pet is very important to us which is why we have to know any current or past health issues. There are risks that come with any procedure involving anesthesia. These risks can range from nausea and diarrhea to death. While serious complications are rare, they can occur, especially if your pet has an undiagnosed illness.

We can only do pets up to the age of five. Your co-pay will range from \$30 to \$80 based on income level, breed, weight and general health of your pet. The program covers the surgery, core vaccines, cone and long-lasting pain medicine injection. All surgeries are at the veterinarian's discretion. **You understand that VC SNAP and associated veterinarians do not cover any type of aftercare or complications such as infection. It is your responsibility as the owner to carefully follow all aftercare instructions as provided by the veterinarian.**

By signing this document, you attest that you are the legal owner of the pet, over 18 years of age and that you agree to hold harmless the Valencia County Spay and Neuter Assistance Partnership, its directors, volunteers, veterinarians and staff for any complications that may arise directly or indirectly from the vaccines, and/or spay or neuter procedures. By signing this document, you also agree that all information you provided is true and correct to the best of your knowledge.

Signature of Legal Owner

Date

Printed Name of Legal Owner