

**SPAY AND NEUTER ASSISTANCE PROGRAM (SNAP)**

Thank you for your interest about our Spay and Neuter Assistance Program, also known as SNAP. This program is designed to help all of us to do our part to relieve pet overpopulation. The program is open to residents of Latah County who are in need of financial help. All the money for this program comes directly from The Humane Society of the Palouse budget.

The Humane Society of the Palouse, Inc. subsidizes this program and depends on private donations to keep it afloat. Therefore, we ask that you apply for coupons only if you are truly in need of assistance in getting your animals sterilized. Please be courteous in the decision you make in regards to needing financial help.

Each household can only apply for **3** coupons a year and it may take up to one month to receive your coupon in the mail so plan your appointment accordingly. Each coupon is valid for one month. No coupons will be issued for use at any non-profit/low cost spay and neuter clinic.

**Please fill out the bottom portion of this form and mail it to:**

**SNAP  
860 SW Alcora Dr.  
Pullman, WA 99163  
Or Email to: [hsopsnap@gmail.com](mailto:hsopsnap@gmail.com)**

Thank you for your interest in SNAP, and for being a responsible pet owner.

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I am the owner of the following animals that require spaying/neutering:

- |    |                |       |             |       |
|----|----------------|-------|-------------|-------|
| 1. | _____          | _____ | _____       | _____ |
|    | Name of animal | sex   | breed/color | age   |
| 2. | _____          | _____ | _____       | _____ |
|    | Name of animal | sex   | breed/color | age   |
| 3. | _____          | _____ | _____       | _____ |
|    | Name of animal | sex   | breed/color | age   |

What Clinic are you planning on taking your pet? \_\_\_\_\_

My name is \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**ALL APPLICANTS MUST BRING THEIR COUPON WITH THEM WHEN THE SURGERY IS PERFORMED (coupons cannot be used to cover past surgeries).**