



Elmore SPCA, Inc.

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Elmore SPCA
Office Use Only

Voucher #: _____
Date of Appt: _____
Date Issued: _____
Date Returned: _____

Spay/Neuter Incentive Program (SNIP) Application

All of the following criteria must apply before a SNIP voucher can be submitted and processed for potential approval.

- I am a Clinton County resident.
- I am at least 18 years old.
- I have checked with my veterinary office, to determine whether they accept Elmore SPCA SNIP vouchers.
- I currently have an appointment scheduled with a veterinary office for my dog or cat to be spay/neutered.
- The appointment is within the next 30 days.
- Only one application has been submitted by any member of my household with the last 30-days.

Must affirm to apply. To affirm, check box, date and sign.

I have carefully read and assert that the above criteria have been met.

Date: _____ Signature: _____

Section I—General Information. To be completed by all applicants. (Please clearly print all completed sections of application.)

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

Animal's Name: _____

Species: Cat / Dog Gender: Female / Male DOB (if known): _____ Age: _____

Breed: _____ Color: _____

Section II—Veterinary Information.

Name of veterinary service performing spay/neuter _____

Date of appointment: _____ Veterinary office phone number: _____

Section III—Household Pet or Stray Information.

Check one: Household Pet Stray

Complete this section only if this voucher will be used for a stray.

Town: _____ Address/Nearest Cross Street: _____

If affiliated with rescue group, list name of rescue: _____