



## Spay / Neuter Assistance Program (SNAP) Application and Authorization

Lakeshore Humane Society  
P.O. Box 12 ☞ Fredonia, NY 14063 ☞ (716) 672-1991

This program is designed to assist with the cost of spaying or neutering of cats or dogs **as funds are available**. The assistance will be given in the amount of \$50 for a female cat or \$30 for a male cat or \$60 for a female dog or \$40 for a male dog. The funds will be paid directly to the Veterinarian (Clinic/Veterinary Hospital) who performs the surgery. Authorization will be given on a first-come-first-serve basis. The cat/dog owner is responsible for the remaining amount of the veterinary bill. Please allow 1-2 weeks for processing.

### To Be Filled Out By Cat/Dog Owner

After filling out this section, please mail the entire form to LHS, Attention: SNAP Account Treasurer  
P.O. Box 12, Fredonia, NY 14063.

Remember to include a self addressed stamped envelope.

**Do not take this form to your Veterinarian until you receive authorization.**

Owner's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Cat  Dog

Age & Description: \_\_\_\_\_  Female  Male

Township for which you pay taxes: \_\_\_\_\_

For your convenience, a list of Veterinarians who have agreed to participate in this program appears on the reverse side of this form. You are not limited to only those listed. It is permissible to use the services of any Veterinarian (Clinic/ Animal Hospital). The cat/dog owner must check with his/her Veterinarian to be sure that this voucher will be accepted before surgery is scheduled.

### Authorization for Spay/Neuter Assistance

(This section for LHS only)

Voucher # \_\_\_\_\_ Authorization Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The amount of  \$50  \$30 (for cats)  \$60  \$40 (for dogs) will be paid to the Veterinarian (Clinic/  
Veterinarian Hospital) after the completion of said surgery and the receipt of the signed and dated form.

Signature of LHS Program Coordinator: \_\_\_\_\_

### Veterinarian~ Please **do not** accept this form without the LHS Program Coordinator's signature

Please sign, date and mail this entire form to LHS, PO Box 12, Fredonia, NY 14063. You will be promptly paid the above specified amount to assist the above cat/dog owner with the fee. The cat/dog owner is responsible for the remaining portion of the bill and Lakeshore Humane Society assumes no legal or financial responsibility beyond the quotation above.

The cat/dog \_\_\_\_\_ was  Spayed  Neutered by me on \_\_\_\_\_ (date).

Signature of Veterinarian: \_\_\_\_\_

**NOT VALID WITHOUT OFFICIAL LAKESHORE HUMANE SOCIETY SIGNATURE**  
VOID IF USED AFTER EXPIRATION DATE