



**ATTENTION:
SNAP TREASURER**

Lakeshore Humane Society Spay/Neuter Application

431 E. Chestnut Street, Dunkirk, NY 14048
(716) 672-1991 www.lakeshorehumanesociety.org

Note: must be a resident of these towns in northern Chautauqua County.

Due to limited funding, we are able to offer assistance only to the following townships and the cities and villages contained within: Arkwright, Brocton, Charlotte, Cassadaga, Chautauqua, Dunkirk, Forestville, Fredonia, Hanover, Irving, Mayville, Pomfret, Portland, Ripley, Sheridan, Silver Creek, Sinclairville, Stockton, Villenova, Westfield.

Please read and follow the Instruction Sheet on page 2 of this form to be able to receive assistance.

This is not a rebate program. We will not supply funding if your animal has already been spayed or neutered. After reading the instruction sheet, please fill out the top section information below and return this completed form along with a **stamped, self-addressed envelope** to the address above: Attention: SNAP Treasurer.

NOTE: After the form is returned to you in the mail with the second box filled out by the SNAP Treasurer, DO NOT mail it back again. Bring it with you to your veterinarian's office (from the list on page 2).

**To Be Filled Out By The Cat/Dog Owner PRIOR TO MAILING APPLICATION BACK TO LHS.
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 _____ Physical Description of Pet: _____ Female ☐ Male ☐
Township to which you pay taxes: _____

**To Be Filled Out By The Lakeshore Humane Society SNAP Treasurer
Authorization for Spay/Neuter Assistance**

Voucher # _____ Authorization Date: _____ Expiration Date: _____

The amount of \$100 ☐ **for female cats and dogs** and \$75 ☐ **for male cats and 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 SNAP Treasurer: _____

To Be Filled Out By the Veterinarian

Please do not accept this form without the LHS SNAP Treasurer's signature. Please do not accept the form after the expiration date.

Please sign, date and mail this entire form to LHS, 431 E. Chestnut Street, Dunkirk, NY 14048. ATTN: SNAP TREASURE. 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: _____

This certificate is not transferable and is void after date shown above. The Lakeshore Humane Society and its members assume no legal or financial responsibility beyond the quotation above.



Lakeshore Humane Society Spay/Neuter Application

431 East Chestnut Street, Dunkirk, NY 104848
(716) 672-1991 www.lakeshorehumanesociety.org

How our program works (you will only receive assistance if these procedures are followed):

1. Fill out and mail us a request for assistance. Please return this form along with a **stamped, self-addressed envelope**. You will receive your authorization form in approximately 1-2 weeks. If you have an emergency situation and feel that you cannot wait for the authorization, please call us at 716-672-1991 and someone will help you. Spay and neuter assistance is available only for the townships listed on the front of this application.

Note: Spay and neuter assistance is **not a rebate program**. If you have already had your pet spayed or neutered, you **are not eligible** for assistance.

2. You will receive your authorized form from the SNAP Treasurer. On it will be the amount we will be able to fund for your pet's surgery. Our funding ranges from \$75-\$100 depending on whether your animal is a cat or dog, male or female. Please take the authorized form with you on the day that your pet is spayed or neutered. Your vet will sign it at the time of the surgery. 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.

Veterinarians (Clinics/Animal Hospitals) who have agreed to participate in SNAP:

Veterinarian/Hospital/Clinic	Location	Phone Number
Chautauqua Veterinary Service	Stow	716-789-3806
Concord Veterinary Center	Springville	716-592-2588
Dunkirk Animal Clinic	Dunkirk	716-366-7440
Falconer Veterinary Clinic	Falconer	716-665-2077
Forestville Animal Clinic	Forestville	716-965-1021
Fredonia Animal Hospital	Fredonia	716-679-1561
Moonbrook Veterinary Hospital	Jamestown	716-488-0788
Dr. Scott G. Nachbar	Springville	716-592-7387
Randolph Veterinary Clinic	Randolph	716-358-6817
Dr. W. H. Shaw	Randolph	716-358-6902
Tri-County Vet Clinic	Clymer	716-355-4234
Village Veterinary Hospital	Westfield	716-326-8800
Westfield Animal Hospital	Westfield/Dunkirk	716-326-3933

Funds are limited and are dependent on grants.
Funding provided by the Bertha Hamilton Trust Fund.