



# Friends of the Havre Animal Shelter

## SNAP Program Cat Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

#### Assistance Requested (check all that apply):

- Free Domestic Spay/ Neuter.
- Low Cost Domestic Spay/ Neuter.
- Free Domestic Vaccinations.
- Low Cost Domestic Vaccinations.
- Manager Cat Colony.

\*\*\*Attach one of the following proofs of income (DO NOT include social security numbers):

1. At least two valid pay stubs, or
2. Previous year's tax return, or
3. Previous year's W2.

### Domestic Cat Information

Cat breed/  
description: \_\_\_\_\_

Sex: \_\_\_\_\_ Female Male

Cat's  
Name: \_\_\_\_\_

Cat's  
Age: \_\_\_\_\_

Weight: \_\_\_\_\_

Has your cat ever been vaccinated for rabies? If yes, can you provide proof of vaccination?

\_\_\_\_\_

**Domestic Cat Info Continued**

Name of regular vet if you have one: \_\_\_\_\_

Is the cat friendly? \_\_\_\_\_

Does the cat have any health issues? \_\_\_\_\_

Is the cat on any medications? \_\_\_\_\_

Do you need help with transportation? \_\_\_\_\_

**Manager Cat Colony**

**Give as much detail as you can about each cat. If additional space is needed, attach on the back of this form. Please include if you can: description, sex, age, if it is friendly, and name.**

**\*\*\*Colony cats are required to have one ear tipped as part of this program.**

**Do you need assistance with capture? \_\_\_\_\_.**

**Do you need assistance with transportation? \_\_\_\_\_.**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

**Terms and Conditions**

By submitting this form, I certify that I am eligible to participate in this program and that I am the owner/ authorized agent of the pet(s) listed. I authorize FHAS and all participating veterinarians, employees and volunteers to receive, handle, examine, sedate, anesthetize and perform surgery on the pet(s).

I agree to indemnify, hold harmless and release of all liability to FHAS and all participating veterinarians, employees, volunteers and any of their personal representatives, heirs, successors and assigns, from and against all action claims, damages, disabilities, or expenses including attorney's fees and witness costs that may be asserted by any person or entity, including me arising out of or in connection with the care, treatment, surgery, or safe keeping of the pet(s). Further, I understand that it is not possible to guarantee that any medical or surgical procedure will be successful and without complication, including, but not limited to, the death of my pet(s). I understand these risks and assume all

responsibility for such complications and will not hold FHAS and any participating veterinarians, employees or volunteers responsible.

I understand that all colony cats will have one ear tipped to be a part of this program.

I certify that I have read and understand the above paragraphs. I understand that this is an application to participate in this program and that FHAS has the right to deny or refuse any application.

### Disclaimer and Signature

*By filling out and submitting this Spay/ Neuter application, I certify that the information given is true and complete. I understand that any false information will be cause to terminate all actions on this process. I also authorize the release/ disclosure of records and other information of the foregoing inquiries and vet records.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_