



# Friends of the Havre Animal Shelter

## SNAP Program Application for Dogs

### 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 Spay/ Neuter.

Low Cost Spay/ Neuter.

Free Vaccinations.

Low Cost Vaccinations.

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

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

### Dog Information

Dog breed/  
description: \_\_\_\_\_

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

Dog's  
Name: \_\_\_\_\_

Dog's  
Weight: \_\_\_\_\_

Dog's Age: \_\_\_\_\_

Has your dog ever been vaccinated for Rabies? If yes, can you provide proof of vaccinations?

\_\_\_\_\_

**Dog Info Continued**

Name of Veterinarian if you have one: \_\_\_\_\_

Is this dog friendly (easy to handle)? \_\_\_\_\_

Does this dog have any health issues? \_\_\_\_\_

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

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

**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 for you 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 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: \_\_\_\_\_