



# Lakeshore Humane Society

## Spay/Neuter Assistance Program

Once you have an approved application and have received a S.N.A.P. voucher through the Lakeshore humane Society, please make an appointment with one of the participating vet clinics listed below. Should you have the surgery done at a vet clinic not listed, you will then be responsible for the entire cost of the surgery. Be sure to bring the voucher with the day of surgery and present it to the vet clinic upon arrival as the form of payment for the spay/neuter.

## Participating Vet Clinics

### **Two Rivers Vet Clinic**

2339 Roosevelt Avenue

Two Rivers - 793-1187

### **Manitowoc Animal Hospital**

2211 N. Rapids Road

Manitowoc - 682-0033

### **Memorial Drive Vet Clinic**

1415 Memorial Drive

Manitowoc - 682-6558

### **Port Cities Animal Hospital**

3910 Dewey Street

Manitowoc - 682-6801

# Application Requirements

**In order to be approved for the program you must bring in any of the following for proof of income verification :**

- Recent Federal 1040 Tax Form
- Social Security
- SSI
- Medicare
- Medicaid
- Recent Check Stub
- Unemployment

## What to know?

**This program DOES NOT cover the things listed below that may be required before or after surgery.**

- Rabies Vaccination
- Pain Medication
- Suture Removals

**The spay/neuter assistance program only covers the surgery of the animal(s), it will not cover any extra expenses that the vet may or may not include at the time of surgery.**

# Spay/Neuter Assistance Program Application

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Number of dogs needing spay/neuter: \_\_\_\_\_

Number of cats needing spay/neuter: \_\_\_\_\_

## **Voucher Fees:**

\$30 Per Cat

\$60 per Dog

**\*Limited 3 vouchers per household per year\***

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# Waiver Of Liability

We/I the owner(s) of the animal(s) receiving spay/neuter services hereby fully and completely release and discharge all persons, agents, causes or action, claims, demands, expenses contents, suits, assertions, damages, and losses of any kind that pertain to the animal(s) being spayed or neutered, including death of injury.

I am aware that any additional expenses incurred or services provided are the responsibility of the pet owner, including additional charges for spaying or neutering an animal in heat or pregnant and male animals with only one or no descended testicles.

I understand that the Spay / Neuter Assistance Program is for the household pets and limited income pet owners only, per the qualification guidelines, and understand that the information provided is subject to verification prior to approval.

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

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