



HUMANE SOCIETY OF THE OUACHITAS (HSO)

Spay Neuter Assistance Program (SNAP)

368 Polk County Road 50, Mena, AR, 71953

Mail: P.O. Box 845, Mena, AR, 71953

Email: info@hsomena.org Shelter: 479-394-5682 Voucher Info: 479-394-8001

SPAY-NEUTER ASSISTANCE VOUCHER APPLICATION FOR FINANCIAL ASSISTANCE FOR COMPANION ANIMALS

To Pet Owner Applicant: The submittal of this application does not guarantee receipt of a voucher. Information submitted must fall within income guidelines and grantor stipulations. Vouchers will only be awarded as long as grantor funding is available. Please complete this form. You **MUST** supply **ALL** of the information requested on this form. Thank you for applying! **HSO will contact you.**

VOUCHER AWARD AMOUNTS: \$50 per cat \$80 per dog

1. **Applicant Name:** _____
2. Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
3. How did you hear about this program? (Please check all that apply): Facebook _____
Shelter _____ HSO website _____ Radio _____ Newspaper _____ Word of Mouth _____
4. Number of people living in household: _____
5. Total Yearly Gross income (before taxes and withholding): \$ _____ .00
6. Describe any financial hardship circumstances: _____

7. **Pet Information:** **Please list each pet (below) you would like to receive vouchers for (one voucher per pet). If more than 3 pets, please fill out another application form.**

Pet 1: Dog _____ Cat _____ (check one) Male _____ Female _____ (check one)
Age: _____ years _____ months Approximate weight: _____ pounds
If female, is she pregnant? Yes _____ No _____ Unknown _____
Name of Pet: _____ Description (breed/color/health issues): _____

Pet 2: Dog _____ Cat _____ (check one) Male _____ Female _____ (check one)
Age: _____ years _____ months Approximate weight: _____ pounds
If female, is she pregnant? Yes _____ No _____ Unknown _____
Name of Pet: _____ Description (breed/color/health issues): _____

Pet 3: Dog _____ Cat _____ (check one) Male _____ Female _____ (check one)
Age: _____ years _____ months Approximate weight: _____ pounds
If female, is she pregnant? Yes _____ No _____ Unknown _____
Name of Pet: _____ Description (breed/color/health issues): _____

8. I hereby certify that this information is true and correct to the best of my knowledge. I further understand **any balance due to Vet above the voucher amount I will pay at time of service.**

Applicant Signature

Date

Office Use Only: Date received: _____ Eligibility met: Yes _____ No _____

Number of vouchers awarded: _____ Voucher numbers: _____, _____, _____

Expiration date: _____ Funding Source: _____