



**The Chemung County Humane Society & SPCA Spay Neuter Assistance Program
Providing Low Cost Spay/Neuter Services to Chemung County and Surrounding Areas**

The Spay/Neuter Assistance Program of Chemung County Humane Society & SPCA partners with Shelter Outreach Services to provide affordable spay/neuter and vaccination services for the companion animals in our region.

SNAP Low Cost Spay/Neuter clinics are intended for area residents facing financial challenges who cannot otherwise afford to have their pets spayed or neutered.

Veterinary services are provided by Shelter Outreach Services of Ithaca. Clinics are held at the Chemung County Humane Society & SPCA.


PROGRAM DESCRIPTION

The Chemung County SPCA offers TWO spay/neuter programs for income eligible pet owners.

PROGRAM #1 - AFFORDABLE SPAY/NEUTER PROGRAM (STANDARD PROGRAM PRICES) – This program is for people who are not receiving public assistance but who meet certain household income requirements. You do not need to be a resident of New York State to use this program.

If you qualify for this program, you will pay standard surgery fees along with the cost of vaccinations and any other costs that may be assessed at the attending veterinarian's discretion.

PROGRAM #2 - SUBSIDIZED SPAY/NEUTER PROGRAM (\$10.00 SPAY/NEUTER PROGRAM) – This program is for people whose TOTAL household income falls at or below the USDA Poverty Level. **You MUST be a New York State resident to qualify for this program.**

This program was made possible through a generous grant from the , administrator of the New York State Population Control Fund.

If you qualify for this program, you will pay \$10.00 per surgery along with the cost of vaccinations and any other costs that may be assessed at the attending veterinarian's discretion.

Others who may qualify for the grant (evaluated on a case-by-case basis):

- Full-time college students
- Disabled veterans
- Disability recipients
- Medicaid recipients
- Individuals or families with unique financial hardships
- New York residents who adopt unaltered cats and dogs from 501(c)3 animal shelters

WHAT WE NEED FROM YOU

In order to determine eligibility to participate in either spay/neuter program you must submit **COPIES** of proof of income, public assistance, or other acceptable qualifying documentation listed below.

If you are applying for PROGRAM 1, please send the following documentation along with your application:

Financial documentation to verify income level in the form of ANY ONE OF THE FOLLOWING:

- W-2 form (from previous year)
 - Tax Return (from previous year)
 - Two most recent pay stubs for all household earners
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If you are applying for PROGRAM 2 (\$10 spay/neuter), please send the following documentation along with your application:

Proof that you are a resident of New York State (ex. NYS drivers license, current utility bill, etc.)

And **COPIES** of financial documentation to verify income level in the form of ANY ONE OF THE FOLLOWING:

- USDA Food Stamp determination letter
- Supplemental Security Income (SSI) - Proof of Income letter showing your benefit information.
- Social Security statement
- Disability statement
- Current medicaid card
- Current tax return - 1st page
- W-2 form (from previous year)
- Two most recent pay stubs for all household earners
- Full-time student registration
- Adoption contract from a municipal or nonprofit (501c3) animal welfare organization in New York State

Please complete the application and either mail or email to one of the addresses listed below. Please be sure to include a copy of the acceptable qualifying documentation noted on page 2.

Mailing address:
Chemung County SPCA
Attn: SNAP Program
2435 State Route 352
Elmira, New York 14903

Email address:
kennel@chemungspca.org
Subject line: SNAP application - Your name

After we receive a completed application you will be contacted to confirm receipt of your application. Once your application and required financial documentation have been received you will be provided with information on how to schedule an appointment.

Name: _____ Email (required): _____
Mailing Address: _____
City: _____ State: _____ County: _____ Zip Code: _____
Daytime Phone: (_____) _____ Evening Phone: (_____) _____
Number of animals in household: Cats: _____ Dogs: _____
Number of animals on application: _____

Animal #1 Name: _____ Age: _____ Years Months

Cat Dog
 Male Female
If Female: Pregnant Nursing In heat

Animal Color: _____
Cat Breed: *(check one)* Longhair Shorthair Other
Dog Breed: _____
Weight of Dog: _____

Has your animal ever been to a veterinarian? Yes No
Has your animal ever had surgery? Yes No *If yes, what type of surgery? _____
Where did you get your pet? Shelter Stray Your own litter Friend
 Other _____

Has your animal ever had a litter? Yes No *If yes, how many litters? _____
Please note where your pet is kept: Indoor Outdoor Indoor & Outdoor

Is your animal up-to-date on rabies vaccination? Yes No ***You must provide proof on morning of surgery***
Is your animal up-to-date on distemper vaccination? Yes No ***You must provide proof on morning of surgery***

**** If NOT up-to-date, you must get vaccinations on day of surgery (or before) in order to use this service ****

Please check appropriate boxes below for services needed:

| | |
|--|--|
| <input type="checkbox"/> Male Cat Neuter: \$60.00 (add \$20.00 if cryptorchid) | <input type="checkbox"/> Rabies Vaccination: \$15.00 |
| <input type="checkbox"/> Female Cat Spay: \$80.00 (add \$20.00 if pregnant/in heat) | <input type="checkbox"/> Distemper Vaccination: \$15.00 |
| <input type="checkbox"/> Male Dog Neuter: \$90.00 (add \$20.00 if cryptorchid) | <input type="checkbox"/> Microchip: \$20.00 |
| <input type="checkbox"/> Female Dog Spay: \$110.00 (add \$20.00 if pregnant/in heat) | <input type="checkbox"/> Treat if Fleas present: no charge |
| <input type="checkbox"/> Dogs over 100lbs: additional charge of \$30.00 | <input type="checkbox"/> Nail Trim: no charge |

additional fees may be assessed for procedures performed at vet's absolute discretion

Application continues on next page

Animal #2 Name: _____

Age: _____ Years Months

Cat

Dog

Male

Female

If Female:

Pregnant

Nursing

In heat

Animal Color: _____

Cat Breed: (*check one*) Longhair Shorthair Other

Dog Breed: _____

Weight of Dog: _____

Has your animal ever been to a veterinarian?

Yes No

Has your animal ever had surgery?

Yes No *If yes, what type of surgery? _____

Where did you get your pet?

Shelter Stray Your own litter Friend

Other _____

Has your animal ever had a litter?

Yes No *If yes, how many litters? _____

Please note where your pet is kept:

Indoor Outdoor Indoor & Outdoor

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Microchip: \$20.00

Female Dog Spay: \$110.00 (*add \$20.00 if pregnant/in heat*)

Treat if Fleas present: no charge

Dogs over 100lbs: additional charge of \$30.00

Nail Trim: no charge

additional fees may be assessed for procedures performed at vet's absolute discretion

If you are applying for Program 2 (\$10 SPAY/NEUTER PROGRAM) please provide the following information:

Number of dependents in household (including you) _____

TOTAL monthly GROSS household income _____

Are you receiving public assistance: (*check one*) YES NO

What public assistance do you receive? _____

You must send a copy of this document with your completed application.

I understand that if in the course of treatment a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I understand and will be prepared to pay reasonable charges, if any, at time of check out.

ALL PAYMENTS ARE TO BE MADE IN CASH or CREDIT CARDS. We do not accept checks.

If you have any questions or need help with this application, please call the SNAP scheduler at (607) 962-6426 or the Chemung County SPCA at (607) 732-1827 x210.

I have read and understand the above statements. My signature below indicates all the information provided as part of this application and proof of income is true, pertains to me, and includes all sources of income.

Signature: _____

Date: _____