

**ANIMAL RESOURCE FOUNDATION
SPAY & NEUTER ASSISTANCE FORM**

Please scan and email to sandy@arfiowa.org or mail to:

**ARF Iowa
PO Box 273
Palo, IA 52324**

Name: _____

QUALIFYING INFORMATION

Are you considered low-income?	Yes	No
Do you receive any kind of state aid? (Food stamps, disability, social security, WIC, etc.)	Yes	No
What is your approximate annual household income?	<input type="text" value="\$"/>	
How many adults live in the home?	<input type="text"/>	
How many adults work full-time?	<input type="text"/>	
How many children live in the home?	<input type="text"/>	
How many animals do you need assistance with?	<input type="text"/>	
How many cats in the home?	<input type="text"/>	
How many cats are unaltered?	<input type="text"/>	
How many dogs are in the home?	<input type="text"/>	
How many dogs are unaltered?	<input type="text"/>	

Please give a brief explanation of your situation and why you're applying for assistance.

NOTES

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SNIP PROGRAM CONDITIONS OF USE
Thank you for caring enough to alter your pet. In order to use our SNIP program, you must agree to the following terms and conditions of our program. Please be sure to read and initial in each box so we know you understand the conditions of the program.

I understand that I am receiving discounted veterinary services for the purpose of controlling pet overpopulation. Although I may receive additional procedures and services at discounted prices, I understand that this applies only to the surgery date and I am fully responsible for all future veterinary care. Additionally, I agree not to share the discounted pricing I receive as every situation is unique and my pricing may not be appropriate for all applicants.

I understand I am not allowed to request to have any other procedures done at the time of surgery unless medically necessary. (These would include dew claw removal, dental, as well as some others. This would need to be discussed prior to scheduling the appointment.) We do not provide any kind of funding for declawing nor will we subsidize spay and neuter if declawing is requested. Declawing is against our core beliefs and policies is not covered under our spay and neuter funding program for cats. Similarly, our dog program does not allow for de-barking, ear cropping or tail docking.

I understand that if fleas are discovered on my pet, a flea preventive will be applied to protect other animals in the clinic. I also understand that there will be a small fee for this medication and that I am responsible for this charge.

I agree to use an ARF approved veterinary clinic and I understand that I am responsible for providing transportation to the clinic for my pet. I also understand that I am required to contact the clinic to make the appointment and pay for the services at the time I deliver my pet to the clinic.

I understand that if I am unable to provide proof of vaccination or a rabies certificate, I may be required to have the vaccination and an additional fee will be charged to cover the shot.

I agree to have the ears tipped on any cats that will be released or returned to an outside colony or location. This is in consideration to the many individuals that also may be trapping in your area or caring for the cats.

I agree that Animal Resource Foundation is only providing discounted veterinary services and that they are not responsible or liable for the health and well-being of my pet.

I authorize the veterinary clinic providing services to discuss my case with Animal Resource Foundation representatives for tracking purposes, case management and for gathering statistical and demographic data necessary for program evaluations.

By signing and dating this application; I agree to all the stated terms and conditions.

Signature

Date