



**Snap**

Spay/Neuter Aid Program

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

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

City: \_\_\_\_\_ State: **IN** Zip: \_\_\_\_\_

Phone: (260) \_\_\_\_\_ - \_\_\_\_\_

Income: \_\_\_\_\_ or

Did you receive any of the following forms of public assistance? (Please circle)

Unemployment

Disability

Medicaid

WIC

Other (specify) \_\_\_\_\_

After completion of this portion, mail to:

**AWA • P.O. Box 575 • Howe, IN 46746**

Approved form will be returned to the applicant to be used at veterinarian of your choice.

*Embossed seal to be affixed upon approval*

**To be completed by Veterinarian:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cost of Spay / Neuter: \_\_\_\_\_

Pet Information: (Please circle) DOG CAT Male Female

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

The Animal Welfare Association, Inc. will reimburse to the veterinarian one half of the cost of the spay/neuter operation, up to \$40.00 (forty dollars). The remaining amount is the responsibility of the pet owner. Mail approved (must have AWA embossed Seal to be approved) application to **AWA • P.O. Box 575 • Howe, IN 46746** for payment. Any questions, contact Amy Gunther at 260-562-3122