



Funds for Furry Friends

www.fundsfurfriends.com
Suite 208 – 740 Rosser Avenue, Brandon Manitoba, R7A 0K9

SPAY/NEUTER INCENTIVE PROGRAM (SNIP)

NAME of DOG or CAT Applying to Alter: _____

PERSONAL INFORMATION:

Full Name:			
Address:			
City, Province:			
Postal Code:			
Home Phone:		Work Phone:	
Email Address:			

PET INFORMATION:

Type of Pet:			
Breed:			
Color:		Pet's Gender:	
Animal Age:		Date Obtained:	
From Where:			
Reason Pet is not altered:			

OTHER PETS:

How many pets do you own?	
What kinds of other pets do you have?	
Are these pets spayed or neutered?	
Are these pets up-to-date on vaccinations?	
How long have you owned your pets?	

FINANCIAL INFORMATION:

A copy of your notice of assessment and recent pay stub for <u>each</u> individual over the age of 18 years in the household is <u>required</u> in order for us to process your application. Applications missing this information will not be considered!			
Annual Household Income:		Number of Adults:	
What is your Marital Status:		Number of Dependants:	
Are you currently unemployed?		If yes, for how long?	
Are you receiving unemployment:		If yes, for how long?	
Are you receiving social assistance:		If yes, for how long?	
Are you receiving insurance benefits:		If yes, for how long?	

This application is being submitted for consideration by Funds for Furry Friends and can be rejected for any reason. By signing below you acknowledge that the information provided above is truthful and correct. I, the undersigned, agree that the information provided on this form is truthful and correct, and understand that I can be held liable for costs, should the information I am providing be untruthful. These costs may include legal fees incurred by the rescue to collect monies owing via small claims court. **If I, _____, am approved to have a spay or neuter subsidized and information on this form is found to be incorrect, I agree to pay Funds for Furry Friends the full value I would have been charged by a Brandon Vet Clinic, of the spay or neuter performed.**

Printed Name: _____ Signature: _____ Date: _____

THIS APPLICATION CAN BE FAXED TO FUNDS FOR FURRY FRIENDS AT 1-866-211-1046

MAIL APPLICATIONS CAN BE SENT TO: Funds for Furry Friends, Suite 208 – 740 Rosser Avenue, Brandon Manitoba, R7A 0K9