



*Spay Neuter Assistance Program (SNAP) Application  
For Financial Assistance-ACCOMACK COUNTY ONLY*

To qualify for financial assistance for spaying or neutering your pet, you must be able to show proof of low income status. Acceptable sources of income are copies of your tax return, EBT, Medicaid, Disability, WIC, copy of SSI. Please include a copy with this application. You must also show proof of residency in Accomack county.

**Prices include a 3 day supply of pain medication to go home with the pet.**

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Cat Dog Male Female Pet Name \_\_\_\_\_ Weight (**MUST be under 65#**) \_\_\_\_\_ \$20 Extra if over 50#

Age \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

Current on Rabies \_\_\_\_\_ Verified \_\_\_\_\_ Date \_\_\_\_\_ (copy of rabies certificate must be included)

**Participant Declarations**

**Cancellation Policy: We need at least 7 days notice that you will not be able to keep your surgery appointment in order to refund your payment or reschedule your appointment.**

I have applied for spay/neuter clinic at the SPCA Eastern Shore, Inc., under the following conditions. I understand that the surgery will be performed on the Neuter Scooter operated by Virginia Beach SPCA. I understand the terms of the program, and certify that I qualify financially for the low cost services of the SPCA program. I have paid the required fee, allowing me to participate in the program. **Cats must be transported in safe, working carriers.**

I understand and agree that:

A. I understand there is some risk associated with any surgical procedure performed on my pet; and that the risk may increase for pets who have not received routine veterinary care throughout their lifetimes. I agree to hold harmless the SPCA Eastern Shore Inc., and the Virginia Beach SPCA from any liability arising from my pet's surgical procedures as a part of the SNAP Program.

B. I understand that the cost for the program covers the cost of spay/neuter surgery for cats and dogs under 51 lbs-51-65lb dogs have extra fees. I have been informed that other tests or screening is available at an additional charge.

C. I agree that the VBSPCA veterinarian may refuse to perform the surgery on my pet if, upon examination, the spay neuter surgery poses a life threatening risk to the pet. I understand that if the surgery is declined by the veterinarian, **my fees will be refunded or I can have the next available clinic appointment.**

I \_\_\_\_\_ hereby agree that by leaving my \_\_\_\_\_ (cat or dog) named \_\_\_\_\_ to be spayed or neutered, I accept responsibility for the following:

Picking up my dog by 1:00 pm.

Picking up my cat by 2:30 pm

**If I am late, I will be charged \$50 for each half hour past the designated pick-up time.**

If I do not pick up my pet by closing time, I will be charged an additional \$100 per day.

There is no one on duty once the shelter has closed for the night. This makes it especially important to pick up my pet on time after surgery. If an emergency occurred during the night, it would not be discovered until the shelter is opened the next work day.

**SIGNATURE REQUIRED ON NEXT PAGE, INITIAL THIS PAGE**

**Initial** \_\_\_\_\_

January 1, 2025

PAID  
Date \_\_\_\_\_  
Amount \_\_\_\_\_  
PayPal \_\_\_\_\_  
Check# \_\_\_\_\_  
Cash \_\_\_\_\_

REQUIRED  
Rabies \_\_\_\_\_  
Pain Meds \_\_\_\_\_  
E collar \_\_\_\_\_  
Blood Work Waiver \_\_\_\_\_  
(required if dg is 5+ years  
or cat is 7+years old )



In the event that medical care is required beyond spaying or neutering, I agree to pay any and all costs that are incurred and this signed document can be used as authorization to guarantee payment to the veterinarian. The shelter personnel will attempt to reach the owner at the following number(s) if an emergency arises but will take whatever steps are necessary to care for the animal, even if the owner cannot be reached. ***Virginia animal law mandates that all animal shelters take medically distressed animals to a veterinarian for diagnosis and treatment or euthanasia, if necessary.***

**All bills must be paid before the pet is released.**

Emergency telephone #'s HOME: \_\_\_\_\_ OFFICE: \_\_\_\_\_ CELL: \_\_\_\_\_

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date- \_\_\_\_\_

**Application and payment (\$75 cats, \$87 dogs, if no rabies certificate please include an additional \$22 for rabies vaccination) may be mailed to SPCA Eastern Shore P. O. Box 164 Onley, VA 23418. Cash, money orders, and checks are accepted; credit card payment, with additional fees, may be made in person at the SPCA.**

**Please enclose:**

**Application  
Copy of proof of residency  
Copy of Rabies Certificate  
Copy of proof of low income status  
Payment**

I am unable to drop off/pick up my pet on the day of surgery, but have designated a third party to do so for me  
\_\_\_\_\_ (please check if this applies)