

CAT WELFARE ASSOCIATION
Spay Neuter Assistance Program
741 Wetmore Road
Columbus, Ohio 43214

SNAP APPLICATION

If you are unable to afford our low-cost altering fees, please return this completed form to Cat Welfare at the above address.

Please enclose a \$10 application fee and \$10 for each surgery. Example: 1 spay and 2 neuters would be a fee of \$40

This fee is to be mailed with this application, with checks to be made out to Cat Welfare Association.

If your cat(s) has had up to date Rabies and Feline Distemper (FVRCP) vaccines, please bring proof of this on the day your cat(s) is to be altered (spayed or neutered). Otherwise, your cat(s) will receive the Rabies shot at the appointment. Cat Welfare will cover the cost of the Rabies vaccine, but you will be responsible for any additional services.

Name _____ Date _____
Address _____
City _____ State _____ Zip _____ Phone _____

Cats to be Altered:

Neuter (male) _____ Number of Male Cats _____ Name(s)/Age(s) _____
Spay (female) _____ Number of Female cats _____ Name(s)/Age(s) _____
Pregnant Spay _____ Number of Pregnant cats _____ Name(s)/Age(s) _____

Brief Statement of Need for this Altering Services (this helps us maintain our generous funding sources)

Thank you for your application. You will be notified within two weeks of receipt of this application as to your eligibility for our free altering fund. If your voucher(s) for altering expires, you will be issued no further vouchers. If you miss your appointment, you will not be rescheduled. Please contact Gail H. at 268-6096 ext 103 if you have any questions.

For Office Use Only:

Veterinarian _____ Date _____ By _____
Voucher Number(s) and date mailed: _____