



Spay Neuter Incentive Program (SNIP) Application



*The SNIP program was designed to assist individuals and families with affordable spay and neuter options to help reduce the overpopulation of pets in Lac La Biche County.
Funding and support from Lac La Biche County help make this program possible.*

Application Process:

- Applicants must be 18 years or older and must reside within Lac La Biche County.
- Applicants are responsible for booking their pet's appointment(s) and paying the full amount of the spay or neuter surgery costs at the time of surgery.
- Applicants will be reimbursed 50% of the spay/neuter charges only upon providing receipt and completed SNIP application to LLBRHS. Reimbursement will be issued by cheque.
- Applicants are responsible for travel to and from vet clinics and for all post-op care as recommended.

Applicant Contact Information:	
First and Last Name:	
Mailing Address:	
Municipal/Physical Address:	
Town:	
Province:	
Postal Code:	
Home Phone:	
Cell Phone:	
Email:	
How did you hear about the SNIP program?	

Completed applications and receipts can be emailed as a PDF to llbrhs.snip.coordinator@outlook.com or dropped off at the shelter during regular business hours.

**Rebates will be reviewed and approved based on eligibility and funds available.*

Shelter address: 38 Nipewon Road, Lac La Biche, AB Inquiries: ✉ llbrhs.snip.coordinator@outlook.com

For Office Use Only	
Date Application Received _____ Initials _____	File No. _____
Date Application Reviewed _____ Initials _____	Vet Clinic: _____
Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason/Justification if rejected _____	
Date Applicant Notified _____ Initials _____	
Follow Up Notes/Correspondence: _____ _____ _____	

Pet Information: Max of 3 pets per household/year. Pets must be at least 6 months old and weigh more than 1 kilogram.

<p>Pet #1: Pet Name: _____ Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Please check one: Female <input type="checkbox"/> Male <input type="checkbox"/> Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> If female, has pet had litter(s) in past? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last litter? _____ Pet age: _____ Pet weight: _____pounds Breed: _____ Colour: _____ Has your pet been to a vet before? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your pet's vaccines up to date? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Pet #2: Pet Name: _____ Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Please check one: Female <input type="checkbox"/> Male <input type="checkbox"/> Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> If female, has pet had litter(s) in past? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last litter? _____ Pet age: _____ Pet weight: _____pounds Breed: _____ Colour: _____ Has your pet been to a vet before? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your pet's vaccines up to date? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Pet #3: Pet Name: _____ Please check one: Cat <input type="checkbox"/> Dog <input type="checkbox"/> Please check one: Female <input type="checkbox"/> Male <input type="checkbox"/> Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> If female, has pet had litter(s) in past? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last litter? _____ Pet age: _____ Pet weight: _____pounds Breed: _____ Colour: _____ Has your pet been to a vet before? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your pet's vaccines up to date? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do you have other cats/dogs not listed on this application? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? ___cats ___dogs</p> <p>How many of those pets have been spayed or neutered? _____ none _____ some [indicate number] _____ all</p> <p><i>*ask about eligibility for the Trap Neuter Return (TNR) program, designed for feral and non-pet cat colonies</i></p>

Declaration: (please initial beside each and sign bottom)

___ I understand that the SNIP program is offered as a rebate program and that the program is administered based on funding available. By submitting my application, I understand that if I fail to book or attend my scheduled appointment(s) I may forfeit my opportunity for rebate in this program.

___ I understand that veterinarians have the right to refuse the procedure for medical reasons (pre-existing conditions or pet is poor candidate for the procedure).

___ I understand that I am responsible for booking my appointment(s) and for paying for the spay/neuter services to the vet up front. I further understand that upon submitting my application with receipt to LLBRHS I shall receive 50% reimbursement of the spay/neuter services only (**this includes general anesthesia, injectable pain meds and spay/neuter procedure only*).

___ I understand that I am responsible for transporting my pet(s) to and from the vet along with any associated costs or extra services rendered while at the vet, and that I am responsible to provide the necessary post-operative care for my pet(s).

___ I certify that the pet(s) listed above are owned by me personally and that the information contained in my application is true and correct.

Signature of Applicant

Date

Lac La Biche Regional Humane Society is committed to safeguarding the personal information collected on each application and is managed in accordance with Alberta's Personal Information Protection Act and other applicable laws. For questions relating to the collection, use and storage of information contained within this application, please direct inquiries to the Board Secretary at llbrhs@gmail.com.