

CatSNIP

Cat Spay/Neuter Initiative Program

Spay or Neuter Only - \$45 Rabies Vaccine - \$5 Total - \$50

You must fill out application and bring it to the Sonsini Animal Shelter with:

- proof of income
- Proof of current rabies vaccine if applicable
- Exact payment in cash

After this is received, you will be called when an appointment with a vet is made. You will be asked to confirm that you can make the appointment.

Please fill out both sides of application

Applicants full name _____ Date ___/___/___

Mailing Address _____

Home phone _____ Cell _____

Cat's Name(s) _____

If more than one, identify each with 1, 2 etc. for following questions

Male _____ Female _____ Pregnant? Yes No Unsure Kittens? _____ Kittens still nursing? _____

Has the cat ever visited a veterinarian? Yes No Name of Vet Hospital _____

Is cat up to date with a rabies vaccination? No Yes

CatSNIP is an Income-Qualified Program. Please answer the following questions to help us determine your eligibility.

Family monthly income from all sources _____

(you will need to attach a copy of a recent pay stub or other proof of income to your application)

Number of adults in the home _____ Number of children in the home _____

cut here and keep this portion

Instructions for the night before surgery:

1. Keep cat indoors so you can make sure you don't miss your appointment
2. No food or water after 8:00 p.m.
3. Put a towel or blanket in the carrier
4. Put your name, phone number, and cat's name on the carrier

Write appointment date here when called

Date _____ Time _____

Sonsini Animal Shelter 63 Downing Parkway in Downing Industrial Park, Pittsfield 448-9800

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I _____, am the owner ____ caretaker ____ of the above animal, and I give my permission to have this cat spayed or neutered and vaccinated with the Rabies vaccine as per Massachusetts State Law. I also give permission for this cat to be transported to and from the veterinarian's office by a third party.

I understand that with surgery and anesthesia, there are risks involved. I do not hold the veterinarian, Eleanor Sonsini Animal Shelter or CatSNIP in any way liable for any unforeseen reaction this cat may have to the procedure. I also do not hold anyone liable during the transport of the cat. I agree to pay the amount due as listed for the veterinary care of this cat prior to surgery.

Signature _____ Printed Name _____

Witness from Sonsini Animal Shelter _____

CatSNIP is made possible by the generosity of several local veterinarians. It is supported by:

Sonsini Animal Shelter 413-448-9800

Berkshire Humane Society 413-447-7878

Animal D.R.E.A.M.S 413-528-1328 (for feral cats only)