



ADAMS COUNTY SNAP APPLICATION

The Adams County SNAP program is for cat owners and caretakers residing in Adams County, Washington, who would like to spay or neuter their cat(s) and cannot afford the surgery without assistance. This program is only for low income individuals, and not available for animals in the possession of rescues or shelters.

A co-pay of \$30 for each cat must be submitted with the application. The co-pay will be returned or refunded if the application is not approved. The co-pay includes a rabies vaccination, ear tipping, and tattoo placement. FVRCP (rhinotracheitis, calicivirus and panleukopenia) vaccination is available for an additional \$5.

- Please administer the FVRCP vaccine to my cat for an additional \$5. I understand that a booster vaccine is recommended in 3-4 weeks. I understand I will be financially responsible for this booster and making an appointment with my veterinarian if I so chose to follow this recommendation.

**To qualify, fill out the application entirely and return by mail or in person to:
 Adams County Pet Rescue
 1961 W. Bench Road
 Othello, WA 99344
 (509) 488-5514**

(Please Print Clearly)			
Today's date:			
APPLICANT INFORMATION			
First name:		Last name:	
		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Street address:		Home phone no.:	Mobile phone no.:
		()	()
City:	State:	ZIP Code:	Email address:
Annual Household Income:		Number of Persons in Household:	
Are you the animal(s) owner/primary caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no: What is the name of the animal(s) owner/ primary caretaker:			
What is your relationship to the animal's owner/primary caretaker? <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:			
Do you have their permission to have the animal(s) spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner/Primary Caretaker's Information (if different):			
Street address:		Home phone no.:	Alternate phone no.:
		()	()
City:	State:	ZIP Code:	Email address:

CAT INFORMATION

Please list all animals in need of spaying or neutering, if necessary, attach a separate sheet of paper or another application.

Animal's name:		Cat <input type="checkbox"/>	Breed?
Age:	Color:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Has this animal been to a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approximate date of last veterinary visit:	
Clinic name and location:			
Has this animal received vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of most recent rabies vaccination:	
If female, has she had a litter? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many litters?	What was the date of the most recent litter? What did you do with the babies (circle all that apply): Keep, sell, take to a shelter, give them away, other:
Are you planning on keeping this animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this animal licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you acquire this pet?			
<input type="checkbox"/> Adopted from shelter/rescue group		<input type="checkbox"/> Purchased from a pet store - Amount paid? _____	
<input type="checkbox"/> Found as a stray		<input type="checkbox"/> Purchased from breeder - Amount paid? _____	
<input type="checkbox"/> Given by stranger (i.e. Outside a store)		<input type="checkbox"/> Purchased from individual (i.e. Newspaper ad) - Amount paid? _____	
<input type="checkbox"/> Given by friend/family		<input type="checkbox"/> Kept from litter	
<input type="checkbox"/> Other:			
Has the animal been treated for fleas and ticks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of most recent flea and tick treatment:	

Animal's name:		Cat <input type="checkbox"/>	Breed?
Age:	Color:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Has this animal been to a veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approximate date of last veterinary visit:	
Clinic name and location:			
Has this animal received vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of most recent rabies vaccination:	
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<input type="checkbox"/> Given by friend/family		<input type="checkbox"/> Kept from litter	
<input type="checkbox"/> Other:			
Has the animal been treated for fleas and ticks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of most recent flea and tick treatment:	

Are there circumstances that we need to be aware of (ie. Termination of pregnancy, pediatric spay, un-descended testicle, etc.) that would make the procedure more costly or hazardous to the animal? Yes No If yes, please explain:

Note: Any treatment or service beyond the spay or neuter surgery and rabies will be at your expense.

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

I certify that I understand my cat will be sterilized, rabies vaccinated, tattooed and ear tipped for identification purposes. Feral cats will also receive an "R" tattoo for each Rabies vaccine administered.

Applicant's signature