



**The Chemung County Humane Society & SPCA Spay Neuter Assistance Program  
Providing Low Cost Spay/Neuter Services to Chemung County and Surrounding Areas**

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The Spay/Neuter Assistance Program of Chemung County Humane Society & SPCA partners with Shelter Outreach Services to provide affordable spay/neuter and vaccination services for the companion animals in our region.

SNAP Low Cost Spay/Neuter clinics are intended for area residents facing financial challenges who cannot otherwise afford to have their pets spayed or neutered.

Veterinary services are provided by Shelter Outreach Services of Ithaca. Clinics are held at the Chemung County Humane Society & SPCA.

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**PROGRAM DESCRIPTION**

**The Chemung County SPCA offers TWO spay/neuter programs for income eligible pet owners.  
Both programs require applicants to provide supporting income documents to determine eligibility.**

**PROGRAM #1 - AFFORDABLE SPAY/NEUTER PROGRAM (STANDARD PROGRAM PRICES)** – This program is for people who are not receiving public assistance but who meet certain household income requirements. You do not need to be a resident of New York State to use this program.

If you qualify for this program, you will pay standard surgery fees along with the cost of vaccinations and any other costs that may be assessed at the attending veterinarian's discretion.

**PROGRAM #2 - SUBSIDIZED SPAY/NEUTER PROGRAM (\$10.00 SPAY/NEUTER PROGRAM)** – This program is for people whose TOTAL household income falls at or below the USDA Poverty Level. You MUST be a New York State resident to qualify for this program.

This program was made possible through a generous grant from the , administrator of the New York State Population Control Fund.

If you qualify for this program, you will pay \$10.00 per surgery along with the cost of vaccinations and any other costs that may be assessed at the attending veterinarian's discretion.

**Others who may qualify for the grant (evaluated on a case-by-case basis):**

- Full-time college students
- Disabled veterans
- Disability recipients
- Individuals or families with unique financial hardships
- New York residents who adopt unaltered cats and dogs from 501(c)3 animal shelters

## WHAT WE NEED FROM YOU

In order to determine eligibility to participate in either spay/neuter program you must submit COPIES of proof of income, public assistance, or other acceptable qualifying documentation listed below.

**If you are applying for PROGRAM 1, please send the following documentation along with your application:**

Financial documentation to verify income level in the form of any one of the following:

- W-2 form (from previous year)
- Tax Return (from previous year)
- Two most recent paystubs for all household earners

**If you are applying for PROGRAM 2 (\$10 spay/neuter), please send the following documentation along with your application:**

Proof that you are a resident of New York State (ex. NYS drivers license, current utility bill, etc.)

**AND COPIES** of any one of the following:

Financial documentation to verify income level in the form of any one of the following:

- USDA Food Stamp determination letter (all pages)
- Supplemental Security Income (SSI) - Proof of Income letter showing your benefit information.
- Social Security statement
- Disability statement
- Current tax return - 1st page
- W-2 form (from previous year)
- Two most recent paystubs for all household earners
- Full-time student registration
- Adoption contract from a municipal or nonprofit (501c3) animal welfare organization in New York State

**Proof of income, public assistance, or other required qualifying documentation must be submitted with this application.**

**Applications received without copies of income or other acceptable qualifying documentation will not be considered.**

Please fill out the application completely and mail or email, along with additional required documentation to one of the addresses listed below.

Mailing address:  
Chemung County SPCA  
Attn: SNAP Program  
2435 State Route 352  
Elmira, New York 14903

Email address:  
kennel@chemungspca.org  
Subject line: SNAP application - Your name

After we receive a completed application you will be contacted to confirm receipt of your application. You will then be contacted by phone to set up an appointment in an upcoming clinic when a spot becomes available. We have many applications on file. There may be a waiting period. Please be patient.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_  
Number of animals in household: Cats: \_\_\_\_\_ Dogs: \_\_\_\_\_  
Number of animals on application: \_\_\_\_\_

**Animal #1 Name:** \_\_\_\_\_ Age: \_\_\_\_\_  Years  Months

Cat  Dog  
 Male  Female  
If Female:  Pregnant  Nursing  In heat

Animal Color: \_\_\_\_\_  
Cat Breed: (circle one) Longhair Shorthair Other  
Dog Breed: \_\_\_\_\_  
Weight of Dog: \_\_\_\_\_

Has your animal ever been to a veterinarian?  Yes  No  
Where did you get your pet?  Shelter  Stray  Your own litter  Friend  
 Other \_\_\_\_\_

Has your animal ever had a litter?  Yes  No \*If yes, how many litters? \_\_\_\_\_  
Please note where your pet is kept:  Indoor  Outdoor  Indoor & Outdoor

Is your animal up-to-date on rabies vaccination?  Yes  No **\*You must provide proof on morning of surgery\***  
Is your animal up-to-date on distemper vaccination?  Yes  No **\*You must provide proof on morning of surgery\***

**\*\* If NOT up-to-date, you must get vaccinations on day of surgery (or before) in order to use this service \*\***

**Please check appropriate boxes below for services needed:**

<input type="checkbox"/> Male Cat Neuter: \$50.00 (add \$20.00 if cryptorchid)	<input type="checkbox"/> Rabies Vaccination: \$15.00
<input type="checkbox"/> Female Cat Spay: \$70.00 (add \$20.00 if pregnant/in heat)	<input type="checkbox"/> Distemper Vaccination: \$15.00
<input type="checkbox"/> Male Dog Neuter: \$80.00 (add \$20.00 if cryptorchid)	<input type="checkbox"/> Microchip: \$15.00
<input type="checkbox"/> Female Dog Spay: \$100.00 (add \$20.00 if pregnant/in heat)	<input type="checkbox"/> Treat if Fleas present: no charge
<input type="checkbox"/> Dogs over 100lbs: additional charge of \$30.00	<input type="checkbox"/> Nail Trim: no charge

*\*additional fees may be assessed for procedures performed at vet's absolute discretion\**

Application continues on next page

Animal #2 Name: \_\_\_\_\_

Age: \_\_\_\_\_  Years  Months

Cat

Dog

Animal Color: \_\_\_\_\_

Male

Female

Cat Breed: (circle one) Longhair Shorthair Other

If Female:

Pregnant

Nursing

In heat

Dog Breed: \_\_\_\_\_

Weight of Dog: \_\_\_\_\_

Has your animal ever been to a veterinarian?  Yes  No

Where did you get your pet?

Shelter

Stray

Your own litter

Friend

Other \_\_\_\_\_

Has your animal ever had a litter?  Yes  No

Please note where your pet is kept:

\*If yes, how many litters? \_\_\_\_\_

Indoor

Outdoor

Indoor & Outdoor

Is your animal up-to-date on rabies vaccination?  Yes  No

**\*You must provide proof on morning of surgery\***

Is your animal up-to-date on distemper vaccination?  Yes  No

**\*You must provide proof on morning of surgery\***

**\*\* If NOT up-to-date, you must get vaccinations on day of surgery (or before) in order to use this service \*\***

**Please check appropriate boxes below for services needed:**

Male Cat Neuter: \$50.00 (add \$20.00 if cryptorchid)

Female Cat Spay: \$70.00 (add \$20.00 if pregnant/in heat)

Male Dog Neuter: \$80.00 (add \$20.00 if cryptorchid)

Female Dog Spay: \$100.00 (add \$20.00 if pregnant/in heat)

Dogs over 100lbs: additional charge of \$30.00

Rabies Vaccination: \$15.00

Distemper Vaccination: \$15.00

Microchip: \$15.00

Treat if Fleas present: no charge

Nail Trim: no charge

*\*additional fees may be assessed for procedures performed at vet's absolute discretion\**

If you are applying for Program 2 (\$10 SPAY/NEUTER PROGRAM) you must provide the following information:

Number of dependents in household (including you) \_\_\_\_\_

TOTAL monthly GROSS household income \_\_\_\_\_

Are you receiving public assistance: (circle one) YES NO

What public assistance do you receive? \_\_\_\_\_

**You must send a copy of this document with your completed application.**

I understand that if in the course of treatment a condition is discovered that requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I understand and will be prepared to pay reasonable charges, if any, at time of check out.

**ALL PAYMENTS ARE TO BE MADE IN CASH or CREDIT CARDS.** We do not accept checks.

If you have any questions or need help with this application, please call the SNAP scheduler at (607) 962-6426 or the Chemung County SPCA at (607) 732-1827 x210.

I have read and understand the above statements. My signature below indicates all the information provided as part of this application and proof of income is true, pertains to me, and includes all sources of income.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_