



Do Not Write In This Area  
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SPAY/NEUTER MUST  
BE COMPLETED BY: \_\_\_\_\_  
(For Office Use Only)

# SNIP 2012 APPLICATION

## SPAY NEUTER INITIATIVE PROGRAM FOR THE PETS OF WEST TENNESSEE

### SPONSORED BY WEST TN ANIMAL RESCUE

West TN Animal Rescue, Inc. is a NO-KILL Animal Rescue in West Tennessee. We are an all-volunteer, non-profit organization which cares for approximately 100 animals at one time in foster homes. This Low Cost Spay/Neuter Program is for personal pets only and is funded by personal donations, grants and fundraisers. Our goal is to utilize Adoption and Spay/Neuter as our community's animal population control.

**West TN Animal Rescue, Inc.**  
P.O. Box 1042  
Huntingdon, TN 38344  
731-336-2376  
www.westtnanimalrescue.org

**PLEASE READ THE FOLLOWING BEFORE SIGNING:**

- 1) I understand this program ONLY covers the cost of the spay or neuter sterilization surgery of the herein described animal. All other medical procedures must be paid directly to the veterinary clinic. **This application is for ONE pet only – use separate applications for any additional pets.**
- 2) I understand a non-refundable fee will be paid to West TN Animal Rescue in the amount of **\$30** per pet along with this application mailed to the address at the top of this form. An embossed letter will be sent to me for the approved animal. This will be the voucher given to the veterinary clinic when the animal is brought in for surgery.
- 3) I understand I am responsible for making an appointment with one of the veterinarian clinics listed below and for making certain my pet is at the clinic on that day and on time; having followed the clinic's instructions for pre-surgery preparation (i.e.: holding the animal's food and water after midnight the night before surgery). If circumstances arise where I will be unable to make the scheduled appointment, I understand I must contact the clinic to cancel the appointment at least 36 hours prior to the appointment date/time. If I do not cancel the appointment within the specified time, I understand the fee previously paid to West TN Animal Rescue will not be reimbursed and I will be required to reapply for the Low-Cost Spay/Neuter Program and again pay the required fee.
- 4) West TN Animal Rescue is not liable for any claims, legal actions, losses, injuries, damages, costs, expenses or liabilities whatsoever in connection with the surgical sterilization and/or medical treatment of the herein described animal.
- 5) This Agreement is the entire agreement between you and West TN Animal Rescue, and supersedes any prior understandings between you and West TN Animal Rescue with respect to the subject matter of this Agreement. This Agreement is binding upon your and our heirs, assigns, successors, personal representatives and executors.
- 6) Do NOT use this program for pets adopted from or entering a rescue, humane society, pound, rabies control or shelter. Those rescue organization's adoption fee is intended to cover the cost of spaying or neutering the adopted pet per Tennessee State Law. **This program is for personal pets only.**
- 7) Once accepted in the Low-Cost Spay/Neuter Program, Owner will have the animal described herein, surgically sterilized by the expiration date stated on voucher at the veterinary clinic chosen from the list below. **(check one):**

Enter an **X** next to your veterinary clinic choice

<input type="checkbox"/>	Animal Care Clinic	(731) 847-9650	89 Central Lane	Parsons, TN 38363
<input type="checkbox"/>	Bells Animal Clinic	(731) 663-3476	6077 Hwy 412 South	Bells, TN 38006
<input type="checkbox"/>	Camden Animal Clinic	(731) 584-6475	1245 Hwy 70 West	Camden, TN 38320
<input type="checkbox"/>	Decatur County Animal Hospital	(731) 847-6339	2190 Hwy 641South	Parsons, TN 38363
<input type="checkbox"/>	Hardin County Veterinary Hospital	(731) 925-1462	395 Wayne Road	Savannah, TN 38372
<input type="checkbox"/>	Haywood Animal Hospital	(731) 772-3101	2538 N. Washington	Brownsville, TN 38012
<input type="checkbox"/>	Henderson County Animal Clinic	(731) 968-4424	525 South Broad St.	Lexington, TN 38351
<input type="checkbox"/>	Huntingdon Animal Clinic	(731) 986-3693	280 Veterans Dr. N	Huntingdon, TN 38344
<input type="checkbox"/>	Lakeway Animal Clinic	(731) 644-9933	2701 East Wood St.	Paris, TN 38242
<input type="checkbox"/>	Lexington Animal Hospital	(731) 968-2531	490 W. Church	Lexington, TN 38351
<input type="checkbox"/>	My Animal Hospital	(731) 423-3332	1989 Highway 70 East	Jackson, TN 38305
<input type="checkbox"/>	Old Hatchie Vet Clinic	(731) 658-3555	1017 North Main St	Bolivar, TN 38008
<input type="checkbox"/>	Pet Wellness Clinic	(731) 256-1455	2787 N. Highland Ave	Jackson, TN 38305
<input type="checkbox"/>	Three Way Animal Clinic	(731) 784-1212	301 Dogwood Trail	Humboldt, TN 38343
<input type="checkbox"/>	Trenton Animal Clinic	(731) 855-9081	2011 Hwy 45 Bypass	Trenton, TN 38382
<input type="checkbox"/>	Tri-County Animal Clinic	(731) 352-6000	40 Connie Allen Road	McKenzie, TN 38201

8) Animal's Name: \_\_\_\_\_ Dog / Cat (circle one) Sex: M / F (circle one) Age: \_\_\_\_\_

Physical Description: Breed: \_\_\_\_\_ Color and Markings: \_\_\_\_\_

How/Where was this pet acquired (ie: come to become part of your family)?: \_\_\_\_\_

9) Applicant Information I understand this information is for West TN Animal Rescue use only.:

\_\_\_\_\_  
(Print First & Last Name)                      (Home Phone Number)                      (Email Address)                      (Your Age)

\_\_\_\_\_  
(Mailing Address)                      (City)                      Apt#                      (State)                      (Zip Code)                      (County)

\* Household Income: \_\_\_\$25,000 or less \_\_\_\$25,000 - \$50,000 \_\_\_\$50,000 - \$75,000 \_\_\_\$75,000-\$100,000 \_\_\_\$100,000+

\*The answer does not determine eligibility, but, does determine if the surgery will be covered under earmarked donations/funding.

10) This program is dependent on donations to survive, if you can afford to pay more than the \$30.00 fee, please include a additional, tax deductible donation of: \_\_\_\$25.00 \_\_\_\$50.00 \_\_\_\$100.00 \_\_\_Other \$ \_\_\_\_\_ (donation statements are sent out in January for the previous year)

11) I hereby certify that the above information is true and correct. (Unsigned Applications Cannot Be Honored):

Signature \_\_\_\_\_ Date \_\_\_\_\_

12) Please send your completed application with a self-addressed, stamped envelope to the address above along with your \$30 check or money order (please expect a delay for processing personal checks).

WEST TN ANIMAL RESCUE, INC. - For Office Use Only:  
WTAR\_SNIP\_2012.pdf 01/01/12

(Date Application Received)

(Fee Received)

(NOTES)

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