

Potsdam Humane Society  
17 Madrid Ave  
Potsdam, NY 13676

Potsdam Humane Society Inc

# PROJECT SNIP

Program Application



Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

## PET(S) INFORMATION

(ALL PETS MUST BE OWNED BY THE APPLICANT)

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

## HOUSEHOLD INFORMATION

NUMBER OF ADULTS AND/OR CHILDREN IN THE HOUSEHOLD: \_\_\_\_\_

TOTAL HOUSEHOLD MONTHLY GROSS INCOME (BEFORE TAXES) \_\_\_\_\_

\*Includes ALL persons working in household



Proof of income is required for acceptance in this program.  
As an applicant you **MUST** provide this information to be considered.

### PROOF OF INCOME

#### **YOU MUST SHOW PROOF OF INCOME COVERING ONE MONTH.**

You may use any of the following to show proof of income:

- copies of payroll stubs
- copies of payroll checks
- copy of your W2 or tax return
- copy of your Social Security Benefits letter
- copy of public assistance (food stamps/HUD/Medicaid/unemployment compensation)

THESE ARE THE ONLY DOCUMENTS YOU MAY USE TO SHOW INCOME  
DO NOT SEND BANK STATEMENTS, THEY ARE NOT ACCEPTABLE



**IMPORTANT---PLEASE READ AND SIGN**

**\*You MUST read and initial each line and sign**

\_\_\_\_\_ I hereby certify that the information I have provided is truthful and correct to the best of my knowledge.

\_\_\_\_\_ I agree to release, indemnify, and hold harmless Potsdam Humane Society Inc and its officers, agents, and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions which may arise during the surgical sterilization of my pet(s).

\_\_\_\_\_ Furthermore, Potsdam Humane Society Inc will not be held liable for any additional charges related to the voucher beyond the face value of the voucher.

\_\_\_\_\_ I am responsible for fees charged for the sterilization at the time of pick up of the animal.

\_\_\_\_\_ Complications during or following the surgery, due to undiagnosed conditions, since the PHS will not be conducting physicals prior to surgery, are the responsibility of the pet owner.

\_\_\_\_\_ The Veterinarian has the discretion on whether or not he/she will sterilize the animal. If an animal is too sick or has other medical problems, the veterinarian can decline to perform the surgery.

\_\_\_\_\_ I hereby certify that the animal(s) which will be sterilized are owned by the undersigned applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date