



By completing this spay/neuter application, you are requesting Kat Snips and the Authorized Veterinarian to spay or neuter your cat, provide a 1 year rabies vaccine and optional ear tipping. Please follow the steps below to complete your application and obtain a voucher to spay or neuter your cat.

1. One application can cover multiple cats. All cats must be identified on the application.
2. The application fee is \$20 for each cat. The correct application fee, which is non-refundable unless Kat Snips denies service, must be paid when the application is filed. Make checks or money orders payable to Kat Snips.
3. Your application will NOT be processed without your name, address, telephone number and/or email address and county where the cat resides.
4. You may request a veterinarian who participates in our program; they are listed on our website. If you do not specify a veterinarian, a participating veterinarian will be selected for you.
5. Only cats living in Hillsdale, Jackson, Lenawee and Washtenaw Counties are eligible. Exceptions may be made upon request, for an Application Fee of \$30.
6. A picture of the cat must be included with the application. It can be emailed through our website's Contact form or sent with your application.
7. A spay/neuter voucher will be issued within two weeks of receipt of the application, based on the information provided on your application.
8. After you receive our spay/neuter voucher, make an appointment with the listed veterinarian. Take the Kat Snips voucher with you to the appointment.
9. Kat Snips pays the veterinarian for the cost of the spay or neuter, rabies vaccine and optional ear tipping. Kat Snips does not cover any additional services or costs. If you request additional services, you are responsible for their payment.

Please note these important policies.

Your voucher is valid for 90 days. You may ask for one extension of an additional 90 days. If you take an expired voucher to the veterinarian, you are responsible for the cost of the provided spay/neuter services.

Kat Snips' vouchers are not transferrable. The name on the Kat Snips' voucher and the name on the veterinarian invoice must match. If the names on the voucher and invoice do not match, Kat Snips is not responsible for payment of the service rendered.

Kat Snips will not spay or neuter cats being sold for personal profit. If it is discovered that this was done, violators will be denied future service. Further, the financial responsibility for spaying or neutering services provided will be yours.

If you have questions, please feel free to call: Jeanne at 734-545-2906 or Teri at 517-795-5629.

Kat Snips
Don't Litter... Spay & Neuter
Application for Spay/Neutering

Date of Application:

Requested Veterinarian: (from website)

Cat Owner/Caregiver Name & Address:

County the cat(s) resides in:

Phone Number:

Email Address:

Circle Payment Type: **Cash** **Check**, **Money Order**

Application Fee Included: \$ _____

By completing this application you are requesting Kat Snips and the Authorized Veterinarian to spay or neuter your cat(s), provide a one year rabies vaccine, and optional ear tipping. Please refer to the Instructions to complete your application and obtain a voucher to spay/neuter your cat(s):

Name of Cat(s)*	Male/Female	Description of Cat	Age

*additional cats can be listed on back of form

I release and discharge Kat Snips, its board members, officers, volunteers, agents affiliate entities and insurers, from all claims of any kind which I might have against any of them because of damages, losses or injuries to any person or animal and/or property, resulting from my use of the service of Kat Snips or any of its referral veterinarians or clinics. **I am 18 years of age or older, have read this release and fully understand it.**

Signed* _____ Date _____
Cat Owner/Caregiver

* Application will not be processed without signed release or if signed by an individual under 18.

Mail completed application, picture(s) and correct application fee to:

Kat Snips
PO Box 909
Saline, MI 48176

Questions? Call Jeanne at 734-545-2906 or Teri at 517-795-5629



Kat Snips
Don't Litter... Spay & Neuter
Applicant Questions

Dear Applicant:

Kat Snips depends solely on donations in order to offer spaying and neutering services.

Will you help support Kat Snips? If so, please check any of the following you would be willing to help with.

Name: _____

Would you be willing to help with a fundraiser by:

_____ Staffing an event?

_____ Soliciting donations of items or food for an event?

_____ Selling tickets to an event?

_____ Posting flyers?

Kat Snips is often asked to help rescue or re-home cats. Would you be willing to:

_____ Adopt a cat or kitten?

_____ Foster a cat or kitten?

_____ Help find loving homes for cats or kittens?

Are you able to make a donation? _____ \$25 _____ \$50 _____ \$100 _____ Other?

What is the best way to contact you?

_____ Phone: _____

_____ Email: _____

_____ Mail: _____

Please include this questionnaire with your Application.
Thank You!

