

RELEASE

I/we the owner of pets listed do hereby fully release

Spay Neuter Assistance Program of Michigan aka SNAP of Michigan and all persons, employees, directors, and officers of any actions, claims, demands, assertions, controversy, suits, expenses, damages and expenses, loss of any kind, which in any manner involve spaying or neutering of my,our pet, including pets death, injury. I/we agree to indemnify and hold harmless all entities and persons from all actions, causes of action, claims, demands, assertions, controversy, suits, expenses, damages and expenses, and losses.resulting from the foregoing activities. No Refunds.

By my/our signature below I certify the following:

- I am 18 years or older.
- This is NOT a foster cat or dog with an animal rescue
- If found that I am not the owner of the pet listed I understand I could be sued for full reimbursement of the surgery and any legal costs incurred.
- I understand that SNAP of Michigan is for limited income pet owners only per qualification guidelines.
- The information provided with this application is accurate.
- I understand that this information is subject to verification prior to approval.
- I/we understand all of my information will be kept private.

Signature _____ Date _____

Signature _____ Date _____

OFFICE USE ONLY

Vet _____

Amount Paid _____

Grant _____

PLEASE PRINT

Pet Owners Name _____

Address _____

City _____ Zip Code _____ Phone Number _____

Email Address _____

How Did You Hear About Us? _____

PET INFORMATION **PLEASE PRINT**

Name _____ Breed _____ Age _____ Approx Weight _____

Cat or Dog _____ Male or Female _____ Color _____

Name _____ Breed _____ Age _____ Approx Weight _____

Cat or Dog _____ Male or Female _____ Color _____

Up to 4 dogs and 8 cats in a 12 month period. Feel free to print additional forms or use the backside of this one.