

## INSTRUCTIONS FOR APPLYING FOR THE Vermont Spay Neuter Incentive Program (VSNIP)

### What help is available?

Eligible Vermonters can get vouchers that allow them to have their dogs and cats spayed or neutered for a copay of \$27 per animal.

The program is funded by a surcharge added to registration fees for dogs.

### Who is eligible?

To be eligible, you must:

- ⇒ Live in Vermont
- ⇒ Have gotten your pet for free or a small fee
- ⇒ Qualify based on your public benefits or household income

### What does the copay cover?

The copay covers a pre-surgical exam, pain management before and during surgery, the surgery, an overnight stay if needed, a distemper vaccine series, one rabies vaccination and suture removal after surgery.

It does not cover:

- ⇒ Pain management after surgery
- ⇒ Optional procedures such as a blood panel
- ⇒ Procedures associated with complications that arise during or after surgery (e.g., animal in heat or pregnant, fleas & ticks, parasites, infection and incision repair)

Ask about all possible charges that are not covered by VSNIP — **BEFORE THE SURGERY**. You may decline any recommended optional procedures and go to another office.

### How do I apply?

1. Fully complete the application. Print clearly. **INCOMPLETE APPLICATIONS MAY BE DENIED.**
2. Answer the questions completely & honestly. We will verify the information provided.
3. Send the following to the address at the bottom of this page:
  - ⇒ Your completed application
  - ⇒ Copies of supporting documents
  - ⇒ A self-addressed, stamped envelope with enough postage on it
4. If it's complete, your application will be processed within five (5) business days.

### What happens next?

1. If you're approved, we'll send your voucher(s) to your mailing address. *Vouchers must be used within 60 days.*
2. Once you get your voucher(s), schedule the surgery with a participating vet right away.
3. Present the voucher(s) and \$27 copay per animal on or before the day of the surgery.

### Where can I get more info?

- ⇒ Visit [vsnip.vt.gov](http://vsnip.vt.gov)
- ⇒ Call 1-844-HI-VSNIP (1-844-448-7647)

#### ❖IMPORTANT❖

At this time, apply for all your pets that have not been spayed/neutered. Spaying or neutering them early on may increase their chance for a longer, healthier life.

## APPLICANT INFORMATION

Applicant's name (only 1 person per application)	Date of birth (mm/dd/yyyy)	Last 4 digits of Social Security Number
Physical address (street & house number, town, state & zip code)		
Mailing address if different (PO box/street & house number, town, state, & zip code)		
Phone number (with area code)	Email address	
How many animals have you had spayed or neutered with help from VSNI? # _____		

## ANIMAL INFORMATION

You MUST provide the information below for all animals you're applying for. Use extra paper if needed.

	Name of animal	Color	Type <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Years _____ Months _____	For dogs only Breed _____ Weight _____
1	Tell us who you got this animal from. Provide the full name of the person or shelter. THIS INFO IS REQUIRED.					
	<input type="checkbox"/> Got Free From Someone Full name _____ Phone # _____	<input type="checkbox"/> Bought/Adopted Full name of person/shelter _____ Phone # _____ Paid \$ _____			<input type="checkbox"/> Other (please explain) _____	

	Name of animal	Color	Type <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age Years _____ Months _____	For dogs only Breed _____ Weight _____
2	Tell us who you got this animal from. Provide the full name of the person or shelter. THIS INFO IS REQUIRED.					
	<input type="checkbox"/> Got Free From Someone Full name _____ Phone # _____	<input type="checkbox"/> Bought/Adopted Full name of person/shelter _____ Phone # _____ Paid \$ _____			<input type="checkbox"/> Other (please explain) _____	

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	<input type="checkbox"/> Got Free From Someone Full name _____ Phone # _____	<input type="checkbox"/> Bought/Adopted Full name of person/shelter _____ Phone # _____ Paid \$ _____			<input type="checkbox"/> Other (please explain) _____	

## GENERAL INFORMATION

Where did you get this application?

How many companion animals do you own that are not spayed or neutered? cats \_\_\_\_\_ dogs \_\_\_\_\_

## BENEFITS/HOUSEHOLD INCOME

**Start by answering the two questions below. Then complete Section A or B.**

**1. How many people live in your household, including yourself?**

Total under 18 # \_\_\_\_\_ Total 18 to 65 # \_\_\_\_\_ Total over 65 # \_\_\_\_\_

**2. Does anyone in your household get one of the benefits listed in section A below?**  Yes  No

⇒ If the answer is NO, skip ahead to Section B.

⇒ If the answer is YES, complete Section A. DO NOT complete Section B.

### Section A: Public Benefits

### YOU MUST SEND ONE OF THE SUPPORTING DOCUMENTS BELOW

Check ONE benefit that someone in your household gets and send a supporting document. Make sure it's dated within *the past 60 days* of the date on your application. *Send a copy as originals will not be returned.*

<input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Essential Person <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Reach Up	1. Print out from <a href="http://mybenefits.vermont.gov">mybenefits.vermont.gov</a> confirming current benefits <b>OR</b> 2. Letter confirming current benefits - ESD: 1-800-479-6151
<input type="checkbox"/> Section 8: Rental Assistance	Letter confirming Section 8 assistance - VSHA: (802) 828-3295
<input type="checkbox"/> Supplemental Security Income (SSI)	Letter confirming SSI benefits - Social Security: 1-800-772-1213
<input type="checkbox"/> Women, Infants & Children (WIC)	Letter confirming WIC benefits - VDH: 1-800-649-4357

### Section B: Household Income

### YOU MUST SEND SUPPORTING DOCUMENTS\*

Include the GROSS monthly income (*before deductions such as taxes*) for all members of your household. *Household = one or more related/non-related persons living as one economic unit.*

a. Wages, salaries, tips, etc.	\$
b. Self-employment income (e.g., childcare, farming, carpentry, lawn care or logging)	\$
c. Unemployment compensation/Worker's compensation	\$
d. Social Security (SSA)	\$
e. Veteran's benefits	\$
f. Pension or retirement benefits	\$
g. Child support, alimony	\$
h. Other income (e.g., room rent)	\$
<b>Total Income (add lines a through h)</b>	\$

A total is required to determine your eligibility

**\*You must send supporting documents that show GROSS income for the past 30 days (e.g., pay stubs, check stubs, copies of checks, bank statements and letters from employers). If you are self-employed, provide proof of income for the past 30 days. Send COPIES as originals will not be returned.**

## STATEMENT OF AGREEMENT

By signing below, I certify and agree that:

- ✓ I own each animal listed on this form. I got each one for free or a small fee.
- ✓ I consent to a rabies vaccination if needed, pre-surgical immunization and sterilization.
- ✓ I agree to license/register each dog in the town where I live – following the surgery.
- ✓ I will pay the vet a \$27 copay per animal – on or before the day of the surgery.
- ✓ I will pay for any optional services I request and any fees associated with complications that arise during or after surgery (e.g., my animal is pregnant, in heat or has fleas).
- ✓ I will no longer be eligible for VSNIP if I let someone else use a voucher issued to me or I use a voucher for an animal I don't own or one that's not listed on the voucher.
- ✓ Requests for more than five animals in a year will need special approval.

## APPLICANT'S DECLARATION & SIGNATURE

**You MUST sign below. Unsigned applications will be returned for signature.**

*I give my word, under penalty of perjury, that the information on this application is correct and complete to the best of my knowledge. I understand that I am responsible for the accuracy of all the information provided in this application, including information about my spouse or civil union partner. I may be subject to the criminal sanctions of 13 V.S.A § 3016 for false, misleading, or untrue representations in the application process or misuse of a voucher.*

\_\_\_\_\_

Print Applicant's Name

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

← Sign here

## CHECKLIST:

1. Please check off that you have included the following:

- A completed & signed application
- Copies of any required supporting documents
- A self-addressed, stamped envelope with enough postage on it (*write your name & address in the middle of the envelope, put a stamp on it and then fold it*)

2. If it all fits, put everything in a #10 envelope (4 1/8" by 9 1/2").

3. Mail it to the address at the bottom of this page.

Administrative  
Use Only:

CASE NUMBER

APPROVED BY

DATE APPROVED