



Application/Voucher for the VT Spay Neuter Incentive Program (VSNIP)

Case # _____ Signature of Administrator _____ Date Approved _____

FOR HELP COMPLETING THIS APPLICATION CALL 1- 877- 867-1424

Please print clearly and complete the entire form. Applications processed only if all required sections are completed.

Client Information

Applicant name _____ Phone number(s) _____
Mailing address _____ City & zip code _____
Age of applicant _____ Email address _____ Are you a VT resident? Yes No
Where did you get your application? _____
Did you receive a list of veterinarians along with your application? Yes No

Animal Information (Each animal must have a separate application.)

CIRCLE ONE: Cat / Dog / Wolf hybrid Name _____ Color _____ Sex _____ Age _____ (months or yrs?)
Breed (Dogs only) _____ Appx. Weight (Dogs only) _____
This animal was: Found as a stray Given to me Purchased: for how much? \$ _____ Rescued from a bad situation
 Adopted from Humane Society/Rescue Org: Which one? _____ Fee \$ _____
If you checked a box above, please explain _____
Name, address and phone number of where you got the animal from _____

Please consider seeking an Application/Voucher for all other non-sterilized dogs, cats or wolf-hybrids in your household that were acquired for free or for a nominal fee. We also encourage you to tell other owners of non-sterilized animals about this program.

To be completed by Veterinary Practice:

Hospital/clinic name _____ Date of procedure _____ Co-pay amount received _____
Price of the procedures to be reimbursed _____
Corrected weight category, if necessary, for dog listed above _____ Were there complications during surgery that were charged to the client? Yes No
Vaccine type(s) and date administered _____
Signature of surgeon _____ Date _____

----- Applicant - The top portion of this form (voucher) will be returned to you if you are found eligible for the VSNIP program. Bring it with you to your veterinary appointment. -----

Income Information

Part A - If you or someone else in your household is receiving benefits from one or more programs listed below, check **all** that apply and **send in one proof that shows you are currently receiving benefits**. Original documents will not be returned.

- | | |
|--|---|
| <input type="checkbox"/> 3SquaresVT (Food Stamps) | <input type="checkbox"/> Medicaid/VHAP |
| <input type="checkbox"/> Women, Infants and Children (WIC) | <input type="checkbox"/> Essential Person |
| <input type="checkbox"/> TANF: Reach Up, Reach First, Reach Ahead, PSE | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Section 8: Rental Assistance |

NOTE: Dr. Dynasaur, CHAP, Social Security, and Medicare DO NOT automatically qualify you.

Part B - If you or someone else in your household is **not** receiving benefits from a program listed above, please tell us what your household's total income is.

Total household gross income before taxes: Weekly \$ _____ or Monthly \$ _____
(Include income from a job, unemployment, social security, retirement, interest from stocks or other sources, alimony, and any other **household** income)

List the total number of people living in your household in each age category.

A) 17 yrs. or younger: _____ B) 18-59 yrs: _____ C) 60 yrs. or older: _____ D) Total # in household: _____

CERTIFICATION I am aware VSNIP is a public program funded by an extra fee to every dog registration and is limited in its resources. I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief. I understand that I am responsible for the accuracy of information given on this application, including information about my spouse or civil union partner.

By signing this application, I certify and agree to the following:

- The animal was acquired for a nominal fee or free.
 - I consent to rabies (if needed), pre-surgical immunization and sterilization for the animal.
 - I am responsible for a \$25 co-payment (unless I agree to added procedures or there is a complication of surgery or my animal is pregnant/in heat or has fleas). Speak with the vet's office regarding **optional** procedures **before** the day of surgery.
 - The return of a voucher will qualify me for the surgery and one series of distemper/rabies vaccines.
- I will have 42 days from the approval date to use the voucher.**

Owner's Signature: _____ Date _____

Mail completed and signed application to: VSNIP, PO Box 95, Bridgewater, VT 05034. Include a 64 cent stamped, self-addressed, 10 inch envelope. Be sure to include your current proof of eligibility.

**VT SPAY NEUTER INCENTIVE PROGRAM (VSNIP)
PROGRAM INFORMATION & FREQUENTLY ASKED QUESTIONS (FAQs)**

Review the following information BEFORE completing the VSNIP application as it may be helpful to you in that process. The purpose of VSNIP is to reduce the number of surplus companion animals by assisting income eligible Vermonters with certain costs associated with spay and neutering. This is a limited, discretionary public benefit program that is funded by a \$3.00 surcharge on every registered dog license. You must license your dog to be eligible.

Q: Who do I contact with questions about the program?

A: The Administrator: VT Volunteer Services for Animals Humane Society (VVSA):
Toll free: 1-877-867-1424. VSNIP, P.O. Box 95, Bridgewater, VT 05034

Q: How do I qualify for VSNIP?

A: You may qualify for VSNIP by providing proof that you are receiving assistance from one of the listed programs on the application. If you are not receiving benefits from any of these programs, you may qualify under Part B (see application) which is based on income and household member size.

Q: What do I send as proof of receiving benefits?

A: You must show proof that you are *currently* receiving benefits from one of the listed programs. Proof should be a dated copy of a statement of benefits and must be returned with the completed application. It will not be returned.

Q: How long will it take the application to be processed?

A: If a fully completed application includes proof of eligibility and a self addressed stamped envelope when returned to VSNIP, the processing is completed within a week. Once approved, the voucher needs to be used within 42 days. Some offices will neuter at 2 months of age, and some wait until 6 months. Know this before you apply so that the Voucher does not expire.

Q: What happens if my application is denied?

A: If you are denied based on the income eligibility, you may request a Variance and seek approval as an exception to the Rule by writing to the state.

Q: How many animals can I have spayed or neutered under VSNIP?

A: It is recommended that you have *all* dogs and cats in your care neutered at this time. VSNIP is not intended to be used repeatedly. The intention is to reduce the over-population problem that forces the euthanasia of hundreds of healthy animals yearly.

Q: When will I pay the \$25.00 per animal co-pay?

A: Once approved you will be mailed a Voucher. Schedule surgery with a VSNIP office that day - the voucher is valid for 42 days! The co-payment is payment in full, barring 'complications', paid to the clinic *prior* to surgery.

Q: What does my \$25.00 co-pay cover?

A: The co-pay covers the pre-surgical exam (regardless of *when* it is performed), surgery, anesthesia, pain medication *before* and *during* the surgery, removal of sutures, overnight stay if indicated, and a rabies and one distemper series vaccination.

Q: What does my co-payment not cover and what is considered optional?

A: The co-pay does *not* cover the costs of additional items that may be recommended or charges due to 'complications of surgery'. Examples are: if an animal is in heat or pregnant, repair of hernias, pyametry, and treatment of fleas & ticks. These charges must be identified by the office in an estimate *prior* to the surgery. Be sure to bring the "As a Reminder" form that will be mailed along with your Voucher and review each optional procedure. During this discussion, you may refuse the service(s). If needed, you may choose another office for the surgery after calling 1-877-867-1424.

Q: Is pain medication following the surgery to take home an extra fee?

A: Yes. There are several types of pain relief medication and the costs vary. Discuss this important option before leaving the office in the morning.

Q: Can an animal be spayed if she is pregnant?

A: Yes. Applicants are encouraged to spay and neuter their animal before they go into their first heat.

Q: Can I help others get VSNIP applications? Be sure to request one application per animal!

A: YES! Following is a list of ways to get an application:

- On the Internet, Google VVSAHS.ORG, click on VSNIP, go to forms/applications, scroll to VSNIP, and print the 3 highlighted forms.
- Send \$1.00 for each application* you're requesting to VSNIP, Attn: Administrator, PO Box 90, Bridgewater, VT 05034.
- Visit your local Economic Services office, town clerk's office, or veterinarian office.
- Call the Benefits Service Center for Economic Services at 1-800-479-6151.

PLEASE REMEMBER TO THANK THE VETERINARY OFFICE FOR THEIR PARTICIPATION IN VSNIP! THEY HAVE ACCEPTED A REDUCED FEE TO HELP IN THIS EFFORT AND THEY ARE THE BACKBONE OF THE PROGRAM.

WE WOULD APPRECIATE YOUR FEEDBACK ON YOUR EXPERIENCE. PLEASE E-MAIL US AT: skaskiw@vermontel.net OR IN WRITING TO THE ADMINISTRATOR'S ADDRESS ABOVE. THANK YOU AHEAD FOR YOUR TIME!

*You must use a separate application for each animal you are applying for.