

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 the 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.
IF IT IS NOT FULLY COMPLETE, YOUR APPLICATION MAY BE DENIED OR DELAYED.
2. Answer the questions completely & honestly. We'll verify the information you provide.
3. Send the following to the address at the bottom of this page:
 - ⇒ Your completed application.
 - ⇒ Copies of any 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 approved, we'll mail your voucher(s) to you. *They must be used within 60 days.*
2. Once you receive them, 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
- ⇒ Call 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.

ADMINISTRATIVE USE ONLY:	CASE NUMBER	APPROVED BY	DATE APPROVED
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APPLICANT INFORMATION

Applicant's name (only one applicant per application)	Date of birth (mm/dd/yyyy)	Last 4 digits of SSN
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	

ANIMAL INFORMATION

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

1	Name:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Color:	Age: Years ___ Months ___
	How did you get this animal? <input type="checkbox"/> Got for free <input type="checkbox"/> Bought/adopted — If you paid, how much did you pay? \$ _____				
	Who did you get this animal from? You MUST name a person or shelter. You cannot list Facebook or Craigslist.				
	Name of person/shelter:		Phone number of person/shelter:		
	DOGS ONLY:	Weight	Breed	License#	

2	Name:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Color:	Age: Years ___ Months ___
	How did you get this animal? <input type="checkbox"/> Got for free <input type="checkbox"/> Bought/adopted — If you paid, how much did you pay? \$ _____				
	Who did you get this animal from? You MUST name a person or shelter. You cannot list Facebook or Craigslist.				
	Name of person/shelter:		Phone number of person/shelter:		
	DOGS ONLY:	Weight	Breed	License#	

3	Name:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Color:	Age: Years ___ Months ___
	How did you get this animal? <input type="checkbox"/> Got for free <input type="checkbox"/> Bought/adopted — If you paid, how much did you pay? \$ _____				
	Who did you get this animal from? You MUST name a person or shelter. You cannot list Facebook or Craigslist.				
	Name of person/shelter:		Phone number of person/shelter:		
	DOGS ONLY:	Weight	Breed	License#	

4	Name:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Color:	Age: Years ___ Months ___
	How did you get this animal? <input type="checkbox"/> Got for free <input type="checkbox"/> Bought/adopted — If you paid, how much did you pay? \$ _____				
	Who did you get this animal from? You MUST name a person or shelter. You cannot list Facebook or Craigslist.				
	Name of person/shelter:		Phone number of person/shelter:		
	DOGS ONLY:	Weight	Breed	License#	

GENERAL INFORMATION

1. Where did you get this application?
2. How many animals have you had spayed or neutered with help from VSNIIP? # _____
3. How many companion animals do you own that are still not spayed or neutered? cats _____ dogs _____
4. How many people in the household are under the age of 18? _____

OTHER HOUSEHOLD MEMBERS 18+

Provide the details below for all other household members age 18 and over. Use extra paper if necessary.

Full Name	Date of birth (mm/dd/yyyy)	Last 4 digits of SSN
Full Name	Date of birth (mm/dd/yyyy)	Last 4 digits of SSN
Full Name	Date of birth (mm/dd/yyyy)	Last 4 digits of SSN

BENEFITS/HOUSEHOLD INCOME

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

- If the answer is YES, complete Section A. • If the answer is NO, complete Section B. • DON'T DO BOTH.

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	Letter from DCF's Economic Services Division (ESD) confirming the current benefits: 1-800-479-6151
<input type="checkbox"/> Section 8: Rental Assistance	Letter confirming Section 8 assistance - VSHA: (802) 828-3295
<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 and SSI)	\$
e. Veteran's benefits	\$
f. Pension or retirement benefits	\$
g. Child support, alimony	\$
h. Other income (e.g., room rent)	\$
Total Income (add lines a through h)	\$

A total is required to determine your eligibility

*You must include income for all household members, whether they worked full time or part time. 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

COMPLETE THE CHECKLIST BELOW

CHECK OFF EACH BOX BELOW & SEND US ALL THE LISTED ITEMS.

- A completed & signed application.
- Copies of supporting documents.
- An envelope with your name & address written in the middle of it, and a stamp affixed to the top right corner.

We can't process your application unless we get everything listed above.

INSTRUCTIONS:

1. If it all fits, put everything in a #10 envelope (4 1/8" by 9 1/2").
2. Mail it to the address at the bottom of this page.