

# LAWS SNAP APPLICATION



(Please note this program is for clients whose annual family income is \$30,000 or less)

**Request Date:** \_\_\_\_\_

**Owner Info:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Pet Info:** Dog or Cat: \_\_\_\_\_ Gender (F or M): \_\_\_\_\_ Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_ (If dog) Weight: \_\_\_\_\_ lbs/kgs

Breed/Description: \_\_\_\_\_

Coat Colour(s): \_\_\_\_\_

(If cat): Coat Length: Short \_\_\_\_\_ Medium \_\_\_\_\_ Long \_\_\_\_\_

(if cat): Coat Pattern: Solid/ Tabby/Patches etc.: \_\_\_\_\_

(if cat): Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

**Pet Health Status:** Does your pet have:

Any health problems? (please specify): \_\_\_\_\_

Any vaccinations/rabies shots & date(s)?: \_\_\_\_\_

A microchip?: \_\_\_\_\_

Who is your veterinarian? (if applicable): \_\_\_\_\_

**Date Proof of Income Provided/to be Provided:** \_\_\_\_\_

**\*\*Important:** The pet-owner is responsible to ensure that pets are free of fleas, ticks, ear mites and worms and you may have to pay the veterinarian separately to rid your pet of these parasites before surgery. Do you agree? Yes \_\_\_ No \_\_\_ (please initial) \_\_\_\_\_

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