



Because a pet is for love and for life!

The Ketchikan Humane Society Spay and Neuter Incentive Program (SNIP) is a voucher program to help residents in southern Southeast Alaska cover the costs of pet spaying and neutering their pets.

Who is Eligible for SNIP?

All southern Southeast Alaska residents (Ketchikan, Metlakatla and Prince of Wales) are welcome to apply for SNIP. Applicants must be at least 18 years of age. Priority is given to applicants experiencing financial hardship.

- Please Note: you must be approved for a SNIP voucher BEFORE making a spay or neuter appointment for your pet.
- Applications may be submitted via email to: ktnhumanesociety@yahoo.com
- Applications can also be submitted by mail to: Ketchikan Humane Society SNIP Program P.O. Box 6243 Ketchikan, AK 99901

Who We Are

About Us

The Ketchikan Humane Society is dedicated to improving the welfare of animals and helping to reduce the number of unwanted pets in southern Southeast Alaska.

Contact Us

Phone: 907.821.0274

Email: ktnhumanesociety@yahoo.com

Web: www.ketchikanhumanesociety.org

Facebook:

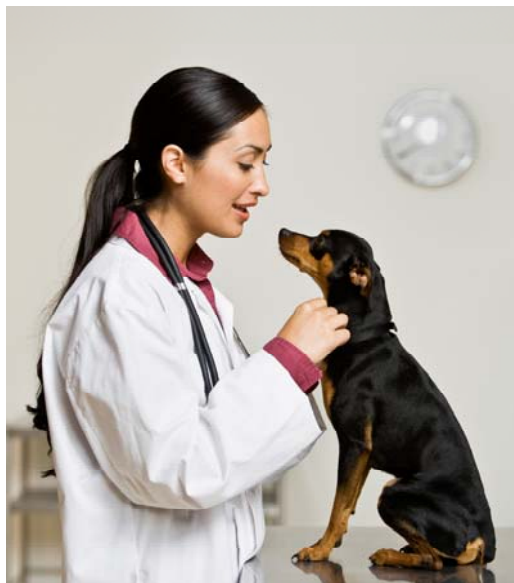
<https://www.facebook.com/ktnhumanesociety>



PO Box 6243
Ketchikan,
AK 99901

Low Cost
Spay/Neuter
Incentive Program

(SNIP)



Why Spay or Neuter?

Spaying or neutering your pet is an important decision for pet owners. Not only does the procedure protect animals against some forms of cancer it can also help with behavior problems. And, importantly, altering your pet helps to prevent animals from being born accidentally which is the most effective and humane way to save animal lives.

The Ketchikan Gateway Borough Animal Shelter works hard to provide housing and services for unwanted pets, but at times they are unable accept animals due to over-crowding.

Each and every spay/neuter makes a difference in helping to reduce the unwanted animal population in our communities!

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Application:

Pet Owner's Name:

Mailing Address:

Email:

Phone Number:

Do you participate in any of the following programs? If yes, please include with this application a copy of documentation verifying your participation in the program(s) checked below.

- ☐ Food Stamps
- ☐ Medicaid / Denali Kid Care
- ☐ Section 8 Public Housing
- ☐ Social Security Disability
- ☐ Unemployment
- ☐ Women, Infants, and Children (WIC)

Other circumstances to consider:

How much can you afford to pay? _____

Pet's Name: _____

☐ Dog ☐ Cat

☐ Male ☐ Female

_____ Age _____ Dog's weight in lbs

Medical Concerns:

Current Vet: _____

Last Vet visit: _____

Where did you obtain this animal?

- ☐ Friend / Family
- ☐ Shelter / Rescue
- ☐ Stray
- ☐ Other (please specify) _____

Attestation:

I hereby certify that I am at least 18 years of age and that the information I have provided is true and correct to the best of my knowledge. I understand that my application must be approved BEFORE making an appointment for the spay/neuter procedure. I understand that my pet will receive care from a licensed veterinarian. The veterinarian may require additional tests and vaccines. It is my responsibility to pay for these tests and vaccines. I understand that there are risks involved in medical procedures and surgery. I accept these risks and agree to follow any care instructions provided by the veterinarian.

X

Applicant's Signature and today's date