## Tail Waggers HOPP, Inc. SNAP Application

taliwaggershopp@gmaii.com							
Owner's Full Name:							
Home Address:							
City:		State:			Zip code:		
Phone Number:		Email:					
Pet's Name:				Pet's Breed:			
Pet's Species:	Pet's Age:				Pet's Gender:		
Is your pet current on their vaccines? How long have you owned this animal					g have you owned this animal?		
Please provide your current veterinarian's name and contact number:							
Tail Waggers' SNAP requires that every applicant has a sponsor. Who is sponsoring your application?							
If your application is accepted, we will issue you a \$150 voucher to be used only at Anicira, 9975 Pennsylvania Avenue, Manassas, VA 20110 for spaying or neutering your pet. The voucher will only be valid for 90 days from the date issued. You will responsible for any additional costs incurred. The voucher is NOT transferable and can only be used by the person signing this application and only for the pet named above.							
Please initial							

## \*Disclaimer from Tail Waggers HOPP, Inc.\*

Tail Waggers HOPP, Inc. only provides financial assistance for spaying or neutering your pet. Tail Waggers HOPP, Inc. is not responsible for any medical complications or issues that may arise during or after the procedure. It is your responsibility to ensure that the designated veterinarian is qualified and suitable for performing the surgery on your pet. You must speak with the veterinarian's office to discuss any risks that may or may not apply to your pet and to discuss any concerns you may have prior to the procedure. By submitting this application and proceeding with the procedure, you agree to release Tail Waggers HOPP, Inc. from any liability or responsibility related to the spaying or neutering and vaccination of your pet with the designated veterinarian.

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Please initial that you have read and understand the above disclaimer						
You must provide all medic voucher.	al history of your pet to	the veterinarian	staff listed on the			
Owner's signature agrees to all of the above stipulations and that all of the information provided on this application is true.						
Signature:		Da	te:			