

INSTRUCTIONS FOR APPLYING FOR THE Vermont Spay Neuter Incentive Program (VSNIP)

What is VSNIP?

VSNIP reduces pet overpopulation by helping eligible Vermonters afford to have their dogs and cats spayed or neutered. Funds are limited because the program is 100% funded by a surcharge on dog registrations.

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 help is available?

Eligible Vermonters get vouchers that allow them to have their dogs and cats spayed or neutered for a copay of \$27 per animal.

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 consult with other vets.

How do I apply?

1. Fully complete this application. Print clearly. Sign and date it on page 4. *Incomplete and hard-to-read applications cannot be processed.*
2. Make copies of any required documents.
3. Mail your complete application to: VSNIP, PO Box 104, Bridgewater, VT 05034.
4. If your application is complete, it will be processed within five (5) business days.

What happens next?

1. If you're approved, we'll send your voucher(s) to your mailing address. *Vouchers must be used within 60 days.*
2. Once you get your voucher(s), 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?

- ⇒ Call 1-844-HI-VSNIP (1-844-448-7647) if you have questions or need help applying.
- ⇒ Visit <http://vsnip.vt.gov> to see the income guidelines and a list of participating vets.

❖IMPORTANT❖

- We recommend you have all your animals spayed/neutered at the same time.
- Requests for more than five (5) animals in a year will need special approval. VSNIP is not intended to be used repeatedly.
- If you're applying for surgery on animals under 6 months of age, check with the vet first as not every vet does this.

Application for the Vermont Spay Neuter Incentive Program (VSNIIP)

Complete fully. Print clearly. Incomplete and hard-to-read applications cannot be processed.

Administrative Use Only:	CASE NUMBER	APPROVED BY	DATE APPROVED
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APPLICANT INFORMATION

Applicant's name (only 1 person per application)	Date of birth (mm/dd/yyyy)	Last 4 digits of Social Security Number
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	
Where did you get this application?	How many companion animals do you own that are not spayed or neutered? cats _____ dogs _____	

ANIMAL INFORMATION

Provide the following information for all the animals you are applying for. Use extra paper if needed.

Name of Animal	Type of Animal	Color	Gender	Age months/yrs	Breed dogs only	Weight dogs only
1.	<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> M <input type="checkbox"/> F			
2.	<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> M <input type="checkbox"/> F			
3.	<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> M <input type="checkbox"/> F			
4.	<input type="checkbox"/> Cat <input type="checkbox"/> Dog		<input type="checkbox"/> M <input type="checkbox"/> F			

Tell us how you acquired each of the animals listed above and provide contact info. Use extra paper if needed.

Found? List when & where	Got free? Provide contact name & phone #	Purchased privately? List amount paid & seller's name & phone #	Adopted from shelter/rescue? List amount paid and name and phone # of organization	Other Please explain
1.				
2.				
3.				
4.				

BENEFITS/HOUSEHOLD INCOME

Complete Section A OR Section B, BUT NOT BOTH.

Section A: Public Benefits - Does anyone in your household get public benefits? Yes No

- If you answered NO, skip to Section B
- If you answered YES, check all the benefits that *anyone* in your household gets
- For each benefit checked, submit a copy of the corresponding supporting document listed below
- Make sure supporting documents are dated *within the past 60 days* of the date of your application
- Send copies of supporting documents as originals will not be returned

PUBLIC BENEFITS	YOU MUST SEND SUPPORTING DOCUMENTS (BELOW ARE THE ONLY ONES ACCEPTED)
<input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Essential Person <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Post-Secondary Education (PSE) <input type="checkbox"/> Reach Up/Reach First/Reach Ahead	1. Print out from mybenefits.vermont.gov confirming current benefits OR 2. Letter confirming current benefits - ESD: 1-800-479-6151
<input type="checkbox"/> Section 8: Rental Assistance	Letter confirming Section 8 assistance - VSHA: (802) 828-3295
<input type="checkbox"/> Supplemental Security Income (SSI)	Letter confirming SSI benefits - Social Security: 1-800-772-1213
<input type="checkbox"/> Women, Infants & Children (WIC)	Letter confirming WIC benefits - VDH: 1-800-649-4357

Section B: Monthly Household Income (must be at or below 185% of the Federal Poverty Level)

DO NOT COMPLETE THIS SECTION IF YOU'VE COMPLETED SECTION A.

1. HOUSEHOLD MEMBERS:

List the number of people in your household (including yourself) in each age category:

17 years or younger _____ 18 to 65 years _____ Over 65 years _____

2. HOUSEHOLD INCOME:

Include the gross monthly income (before deductions such as taxes) for all members of your household – defined as 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, home party sales or logging)	\$
c. Unemployment compensation/Worker's compensation	\$
d. Social Security (SSA)	\$
e. Interest and dividends	\$
f. Veteran's benefits	\$
g. Pension or retirement benefits	\$
h. Child support, alimony	\$
i. Other income (specify)	\$
Total Income (add lines a through i)	\$

You must send supporting documents that show gross income for the past 60 days (e.g., pay stubs, check stubs, copies of checks, bank statements and letters from employers). If self-employed, provide income and expense records for the past 60 days. *Send copies of documents as originals will not be returned.*

STATEMENT OF AGREEMENT

By signing this application below, I certify and agree that:

- ✓ I own each animal listed on this form
- ✓ I got each animal for free or a small fee
- ✓ I consent to a rabies vaccination (if needed), pre-surgical immunization and sterilization of each animal
- ✓ I agree to license/register each dog in the town where I live
- ✓ 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)
- ✓ Vouchers are not transferrable
- ✓ Any voucher issued to me may only be used by me for the animal listed on the voucher
- ✓ I will no longer be eligible for VSNIP if I use a voucher for an animal I do not own or one that is not listed on the voucher
- ✓ I have 60 days from the approval date to use a voucher

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 am aware that 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

CHECKLIST

- The application is fully completed AND signed
- All required supporting documents are enclosed
- An envelope addressed to myself with a stamp on it is enclosed

.....
Wait till you get your voucher(s) to schedule the appointment with the vet.

.....
Bring the voucher(s) and copay(s) to the vet's office – on or before the day of the surgery!
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