



Cause For Paws

SNAP

Low Cost Spay/Neuter Program

Thank you for participating in Wags & Whiskers' SNAP (Spay Neuter Assistance Program). Please complete this form and RETURN IT VIA US MAIL OR AT PETCO IN ST. AUGUSTINE, WITH YOUR CHECK OR MONEY ORDER, MADE PAYABLE TO: Cause for Paws, P.O. Box 861067, St. Augustine, FL 32086.

Please fill in the number of certificate(s) requested:

_____ Female Cat Spay Certificate(s)	\$55.00	\$ _____
_____ Male Cat Neuter Certificate(s)	\$45.00	\$ _____
_____ Feral Cat Male/Female Certificate(s)	\$45.00	\$ _____
_____ Female Dog Spay Certificate(s)	\$75.00	\$ _____
_____ Male Dog Neuter Certificate(s)	\$65.00	\$ _____
TOTAL AMOUNT ENCLOSED		\$ _____

** There is a Rabies registration fee for surgeries performed in Putnam County. The vet office will collect this fee. **
A FREE RABIES IS INCLUDED FOR PETS OVER 12 WEEKS OF AGE!

Name, Age and Color of pet(s) if known _____

**** ALL CERTIFICATES ARE FINAL & NON-REFUNDABLE ****

Certificates must be used at one of the participating clinics listed below:

- Animal Health Center – Crescent City
- Animal Health Center – East Palatka
- Animal Home Health – St. Augustine
- Antigua Veterinary – St. Augustine
- Animal Wellness Center – St. Augustine
(Limited appointments)
- Atlantic Animal Hospital
- Matanzas River Animal Hospital – St. Augustine
- Shelton Veterinary Clinic – Bunnell
- Shelton Veterinary Clinic – Elk Elkton
- Shelton Veterinary Clinic – Interlachen
- Shelton Veterinary Clinic – Palm Coast

Note: If your pet is pregnant or in heat at the time of service, the veterinarian may charge an additional fee. This fee is your financial responsibility, as well as any additional services rendered at the time of your veterinary appointment. Large dogs over 40 lbs. will require an additional fee for anesthesia. Animals going to Shelton Clinics must be over 2 pounds (approx. 8 weeks of age) and animals going to Animal Home Health must be over 3 pounds (approx. 12 weeks of age).

Date _____

Your Name _____ Certificate # _____

Address _____ Check # _____

City/State/Zip _____

Daytime Phone _____ Cats: Feral _____ Domestic _____

Email Address (optional) _____

All Certificates will be mailed to you within 1 week of receiving your check. THANK YOU!