



## SPAY/NEUTER ASSISTANCE PROGRAM (SNAP) Application Form

**Please note:** members or associates of a  
cat-related 501c3 non-profit organization are not eligible

Name:

Email:

Phone:

Street Address:

Payment info (Zelle, Venmo or Paypal):

Are you TNR certified? Yes\_\_\_\_ No\_\_\_\_

If yes, certifying organization:

Date of workshop:

Is your colony registered in Cat Stats NYC ([www.catstats.org/nyc](http://www.catstats.org/nyc)) Yes\_\_\_\_ No\_\_\_\_

Number of cats or kittens you're applying for:

Expected outcome for each cat or kitten (TNR, adopt, foster):

Location of colony or location where found for each cat or kitten:

Number of cats in colony (if applicable):

Number of colony cats fixed:

Name of veterinary clinic:

Phone:

Street address:

The estimated total cost of spay/neuter, eartip and rabies vaccine for all the cats covered by this  
application is: *(Please attach the quote if you have one)*

**Return your completed application to [jackie@neighborhoodcats.org](mailto:jackie@neighborhoodcats.org)**