



HUMANE SOCIETY OF BURNETT COUNTY

RESCUE • REUNITE • REHOME • RETHINK

SNAP APPLICATION FOR BURNETT CO RESIDENTS

CATS ONLY

Application No. _____ Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Number people in family _____ Total annual family income _____

You will need to bring proof of qualification to your appointment at HSBC.

Name of pet _____ Age _____ Male ___ Female ___

Is this cat current on vaccinations? Yes ___ No ___ Unsure ___

Does this cat have a current rabies vaccination? Yes ___ No ___ Unsure ___

Is this cat pregnant? Yes ___ No ___

Does your cat have any other health issues? Please describe.

Peggy Schilling Animal Adoption & Education Center