

DATE: \_\_\_\_\_  
Scheduled: \_\_\_\_\_  
 Verified Residence  Proof of Rabies  
Amount Paid: \_\_\_\_\_  
Payment Method: \_\_\_\_\_  
Person ID #: \_\_\_\_\_

Revised 7.10.17



## Spay-Neuter Incentive Program (SNIP) Survey

### Owner Information

Owner Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

P. O. Box: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Animal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Cat  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Cat  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Dog  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Cat  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

### Services Requested

**DOGS:**  Rabies Vaccine 1-Year  Rabies Vaccine 3-Year  Canine Distemper/Parvo  
 Kennel Cough  Microchip  Heartworm Test  Hernia Repair  Nail Trim

**CATS:**  Rabies Vaccine 1-Year  Rabies 3-Year  Feline Distemper  
 Feline Leukemia  Microchip  FeLV/FIV Test  Hernia Repair  Nail Trim

**Please complete the rest of this survey so that Blue Ridge Humane Society can better fund this program.**

How did you hear about SNIP? \_\_\_\_\_

How many dogs are currently under your care? \_\_\_\_\_

How many cats are currently under your care? \_\_\_\_\_

How did you acquire your pet(s)? \_\_\_\_\_

Would you have been able to get your animals spayed/neutered if it weren't for the services provided by SNIP?

Explain why you wanted to get your animal(s) spayed or neutered: \_\_\_\_\_

How would you best describe yourself? *(check all that apply)*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic/Latino

What is your marital status? *(circle)* Single Married Widowed Divorced Separated

How many adults are in your household? \_\_\_\_\_ Age range: \_\_\_\_\_

How many children are in your household? \_\_\_\_\_ Age range: \_\_\_\_\_

**Household Income Bracket:**

> \$150,000

125,000-150,000

100,000-125,000

75,000-100,000

50,000-75,000

35,000-50,000

25,000-35,000

12,000-25,000

< 12,000

**Survey Disclaimer**

This survey is for information gathering purposes only and will not be used to determine if services will be rendered. SNIP's only requirement is that the pet owner is a resident of Henderson County, North Carolina. Information you provide may be used so that Blue Ridge Humane Society can seeking avenues for funding purposes. By signing below, you understand that your responses are voluntary and confidential. All responses will be compiled together and analyzed as a group.

Signature \_\_\_\_\_ Date: \_\_\_\_\_