



The Thompson Veterinary Clinic is pleased to announce the launch of their Spay and Neuter Assistance Program (SNAP). Each month, the Thompson Veterinary Clinic will offer a limited number of spays and neuters at a discounted rate.

What is included as a part of the SNAP initiative?

The following services will be provided at a discounted rate (50% off).

- spay and neuter surgery for dogs and cats
- post-operative pain medication
- an Elizabethan collar (“cone”)
- core vaccinations

Permanent identification (a tattoo) will be provided at no charge.

Veterinary care unrelated to the surgery is not included as a part of this initiative. Additional charges may apply if the animal is obese, in heat, or pregnant.

Program Eligibility

To be eligible for this program:

- the applicant/owner must be at least 18 years of age
- the pet must be a healthy dog or cat
- the pet must not be nursing a litter
- the pet must be 6 months of age or older
- the applicant/owner must be available to drop off and pick up their pet at a specified time between 7:00 – 9:00 am, and 3:00 pm - 7:00 pm, respectively, on the day of the surgery.

Note: For the health of your pet, we recommend that he/she be vaccinated at least 2 weeks prior to the date of surgery. Vaccinations may be updated as necessary at the time of surgery.

Application

Limited space is available. To be considered for this initiative, the pet owner must complete and submit the following application form. Successful applicants will be contacted prior to the 1st of each month, at which time further information will be provided.

Completed applications may be dropped off at the Thompson Veterinary Clinic, sent to thompsonveterinary@gmail.com, or sent via a message on the Thompson Veterinary Clinic Facebook page.

Owner Information

Name:
Address:
City:
Province:
Postal Code:
Home Phone Number:
Cell Phone Number:
Email:

Pet Information

Name:
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Breed:
Date of Birth:
Color/Markings:
Microchip (if applicable):

Has your pet been a patient at the Thompson Veterinary Clinic before?
 Yes No

If no, has your pet ever received veterinary care in the past?
 Yes No If yes, please provide the name of the veterinary clinic:

Please tell us why you (and your pet) should be considered for this initiative:

