

Non-Profit Spay/Neuter Clinic



Please complete this [dog application](#) and submit to snap@placerspca.org.

Owner Information

Owner Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Animal Information

Dog's Name: _____

Sex/Status: ☐ Male ☐ Female

Age: _____ Weight: _____ Breed: _____ Color: _____

Additional Information

How did you obtain the dog? _____

How did you hear about SNAP? _____

**For more information about the Placer SPCA Spay & Neuter Assistance Program (SNAP),
please email snap@placerspca.org.**