

Financial Assistance Program Application

Spay Neuter Veterinary Clinic of the Sandhills
5071 US Hwy 1 N, Unit C, Vass, NC 28394
Phone 910-692-3499 Fax 910-692-9650

Community Solution to Pet Overpopulation!

OFFICE USE ONLY	
APPT DATE	_____
CO PAY AMT	_____
PROGRAM	_____
VOUCHER #	_____
APPROVED BY	_____
DATE APPROVED	_____

Thank You for being concerned about your pet's health and the pet overpopulation problem in your area. Our Financial Assistance Programs are designed for those in financial need and is available to a limited number of applicants. In order to qualify for this program applicant must be on some form of public assistance listed below. **Please return completed form and proof of public assistance you receive to the Spay Neuter Veterinary Clinic to be considered for approval.**

OWNER INFORMATION:

Name: _____ Email: _____

Street: _____ City: _____

State: _____ County: _____

Daytime Phone: _____ Cell: _____

PET INFORMATION:

Name: _____ Dog _____ Cat _____ Breed _____

Age _____ Color _____ Sex _____ Weight (estimate) _____

Has your female pet had a litter? Yes _____ No _____ Date of last litter _____

Does your pet need a Rabies Vaccine? Yes _____ No _____

Please provide proof of current rabies vaccine (rabies certificate). If you do not have proof of rabies you will be charged \$10.00 for your pet to be vaccinated as required by law. Briefly describe what qualifies you for this program:

Do you have your own transportation? Yes _____ No _____

Please indicate which form of public assistance you receive and attach copy of proof

Food Stamps _____ **WIC** _____ **Medicaid** _____ **Section 8 Housing** _____

I am currently on one of the above means of public assistance and I am a resident of _____ **County, NC**

Applicant Signature: _____ Date: _____