

# SNAP 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!

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.**

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

### 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 \$7.00 for your pet to be vaccinated as required by law. Briefly describe what qualifies you for this program:

**Please indicate what your current income level is and attach copy of proof (W-2, Tax Paperwork)**

**2014 Household Income: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_**

**If you do not qualify for the above program, please indicate which form of public assistance you receive and attach copy of proof to be considered for other programs.**

**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: \_\_\_\_\_