**Scotland County Humane Society Spay/Neuter Application**

Welcome to the Scotland County Humane Society. We are pleased that you made a responsible decision to have your pet sterilized. Scotland County participates in the North Carolina Spay/Neuter Program. This program allows for the sterilization of Scotland County animals for the cost of a $20.00 co-pay, from you, the pet owner. The program requires the information below for Scotland County Humane Society to receive reimbursement from the NC Spay/Neuter Program. Incomplete applications that do not provide proof of Scotland County residency or proof of income/eligibility are denied.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You and Your Household**

If you are receiving assistance from any of the following programs you will be required to provide documentation.

Please check if you receive assistance from any of the following programs:

Scotland County DSS choice of Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By applying for a spay/neuter voucher, I agree to provide the information requested for Scotland County Humane Society to receive reimbursement for the sterilization cost of my pet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Owner/Adopter SCHS Staff Date

*Information needed about your pet*

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| --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_Dog\_\_\_Cat\_\_\_\_Primary Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Purebred\_\_Mix\_\_Age\_\_\_\_\_Gender\_\_\_\_Size\_\_\_\_Primary Color\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Color\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_Dog\_\_\_Cat\_\_\_\_Primary Breed\_\_\_\_\_\_\_\_\_\_\_\_\_Purebred\_\_Mix\_\_Age\_\_\_\_\_Gender\_\_\_\_Size\_\_\_\_Primary Color\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Color\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_Dog\_\_\_Cat\_\_\_\_Primary Breed\_\_\_\_\_\_\_\_\_\_\_\_\_Purebred\_\_Mix\_\_Age\_\_\_\_\_Gender\_\_\_\_Size\_\_\_\_Primary Color\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Color\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_Dog\_\_\_Cat\_\_\_\_Primary Breed\_\_\_\_\_\_\_\_\_\_\_\_\_Purebred\_\_Mix\_\_Age\_\_\_\_\_Gender\_\_\_\_Size\_\_\_\_Primary Color\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Color\_\_\_\_\_\_\_\_\_ |

Veterinary Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Clinic Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_