

Scotland County Humane Society 2026 State Spay/Neuter Application

Welcome to 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 \$40.00 cash co-pay per pet, **from you, the pet owner**. The co-pay is due at the time of application submission and is nonrefundable. The program requires the information below for Scotland County Humane Society to receive partial reimbursement from the NC Spay/Neuter Program. **If found not to be the pet owner upon usage, you forfeit the use of this voucher and will no longer be eligible for our program in the future.**

Name: _____ Phone: _____

Street Address: _____

City: _____ Zip Code: _____

Please check which of the following applies to you. Proof of at least one will be required before your application can be processed along with your photo ID:

- Food Stamps
- Medicaid
- Low income (must be below 100% of the poverty guideline provided each year by the United States Department of Human Services.)

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**. **I understand this voucher does not cover any other required veterinary expenses at the time of service such as vaccinations, pain medications, or underline medical conditions, such as pregnancy, cryptorchid, or in heat, which will be at my expense as the owner.**

Owner Name	SCHS Staff	Date
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Pet Information

All lines must be completed. If you are unsure, please use your best guess-the vet office will correct the animals information at the time of your appointment if necessary. Up to 2 animals per quarter (2 per year) are allowed.

Name: _____ Cat or Dog Female or Male
Primary Breed: _____ (for cats write short, medium or long hair)
Age: _____ (specify months or years) Coat color(s): _____
Size(*circle one*): Small/Medium/Large/X-Large

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Circle which vet office you would like to use. You must call to set up an appointment for your animal(s) within **60 days of receiving your voucher.**

X-way Animal Hospital
13041 Xway Road
Laurinburg, NC 28352
910-276-5300

Academy Animal Hospital
11241 Andrew Jackson HWY
Laurinburg, NC 28352
910-276-6068