

Spay and Neuter Assistance Qualification Application



Date: _____

Please fill out the following information:

OWNER INFORMATION:

Name: _____

Physical Address: _____

Telephone Number: _____

Male or Female

Age: _____ Race: _____ Employer: _____

Annual Household Income: _____

Number of people in household: _____

List your form of government assistance: _____

Please list name of your case worker and their telephone number:

ANIMAL INFORMATION:

Animal to be spayed or neutered: (**CIRCLE ONE**) DOG or CAT

Name of pet: _____ MALE or FEMALE

Age of pet: _____ Approximate weight: _____

Is your pet up to date on vaccines? YES or NO

rabies vaccination? YES or NO

ALL animals qualified for the spay and neuter program WILL be required to stay overnight at the spay and neuter facility that is outside Vance County. There WILL be a planned drop off and pickup time for your pet. You will be informed by the Vance County Animal Shelter the exact time of drop off and pickup. You will be charged a boarding and impoundment fee if your animal is not picked up at designated pickup time.

*Proof of annual income and/or government assistance required.

*Vance County is **NOT** responsible for any complications that may occur during your animal(s) operation.