

PREVENT ANOTHER

LITTER SUBSIDY

PROGRAM

(P.A.L.S.)

for low-income pet-owners

HAVE YOUR PET SPAYED OR

NEUTERED FOR

\$20 CATS! \$35 DOGS!

******Fee may be waived if need is demonstrated.******

See application on reverse side.

NAP-NC P.A.L.S. PROGRAM APPLICATION

(Prevent Another Litter Subsidy Program (Income Based))

This program provides subsidies for sterilization of dogs and cats and is available as funding allows. The co-payment is \$20.00 cash for cats and \$35 cash for dogs, with the balance covered through grants and/or donations. The co-payment is due hi cash on the morning of surgery and will include routine surgery, pain medication, rabies and distemper vaccination. The co-payment may be waived if needed. (We reserve the right to limit the number of pets sterilized in any one family. We farther reserve the right to refuse additional veterinary services not detailed above.)

In order to qualify, you MUST show proof of financial need. Please attach a copy of proof of eligibility. This can be any one of the following:

- | | |
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| <ol style="list-style-type: none"> 1. Medicaid card (for adult, not child) 2. WIC card (with current date) 3. Letter granting Social Security Income -
(for adult, not for child)
NOTE: Social Security Income is NOT a qualification unless social security is your <u>ONLY income</u> (provide copy of last year's tax return or last three bank statements showing deposit of SSI check.) 4. EBT (food stamp) card with photo ID & food store receipt dated within previous 3 weeks | <ol style="list-style-type: none"> 5. IRS Form 1040 Showing income levels less than the limits below:
1-person household - \$17,960
2-person household - \$24,240
3-person household - \$27,468
4-person household - \$ 33,120
5+ person household \$ 34,464 6. Letter explaining special circumstances and need for assistance, |
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You must have subsidy approval BEFORE scheduling your appointment. Print out this form, fill it out, and fax (fax # 919-875-1956) or mail it (SNAP-NC, P. O. Box 278, New Hill, NC 27562) with all supporting documents. We will call you when we have processed your application and we will schedule your appointment at that tune. Please allow 10 business days.

Your first name _____ Last name _____

Address _____ City _____ Zip _____

Phone number _____ Total # pets in home _____ # NOT spayed _____

Pet name _____ Dog () Dog's weight _____ Cat () Male () Female ()

Pet name _____ Dog () Dog's weight _____ Cat () Male () Female ()

Pet name _____ Dog () Dog's weight _____ Cat () Male () Female ()

Pet name _____ Dog () Dog's weight _____ Cat () Male () Female ()

I certify that the above named animal(s) are owned by me personally. I understand that the co-payment fee is due in cash on the morning that my pet is dropped off for surgery.

Signature _____ Date _____