

Spay and Neuter Assistance Qualification Application



**OWNER INFORMATION:**

Date: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Monthly/Annual Household Income (must provide proof): \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Do you or anyone in your household receive any of the following (please circle one and provide proof):

Medicaid

Food & Nutrition Services/SNAP

WIC

**ANIMAL INFORMATION:**

Animal to be spayed or neutered: DOG or CAT

Name of pet: \_\_\_\_\_

MALE or FEMALE

Color \_\_\_\_\_

Age of pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Approximate weight: \_\_\_\_\_

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

Rabies Vaccination? YES or NO (Rabies vaccination is **REQUIRED** to be up-to-date)

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

**THIS PROGRAM IS NOT INTENDED TO BE USED BY UNREGISTERED TNR (TRAP/NEUTER/RELEASE) PROGRAMS OR BY RESCUE GROUPS!**

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There WILL be a planned drop off and pickup time for your pet. You will be informed by Duplin County Animal Services of the exact time of drop off and pickup for your animal. **You will be charged a boarding and impoundment fee if your animal is not picked up at the designated pickup time.**

The following proof must be provided:

- A copy of your state issued identification or passport
- Copy of a utility bill or other address verification
- Your animal's rabies vaccination certification. If not current on rabies vaccination, you will be charged an additional fee of \$10 for the animal to get their required rabies vaccine.
- Proof of monthly/annual income (tax returns, monthly income statements, prior months wages, etc.) and/or proof of government assistance required (Medicaid card, SNAP/Food & Nutrition card, WIC card/voucher, etc.)

Please be advised that by signing this form you are attesting that you own the animal named above and you authorize the release of information to allow the Duplin County Animal Services representative or designee to contact the Duplin County Department of Social Services or Duplin County Health Department to verify that you are receiving one or more public assistance benefits. The permission is valid for 60 days from signature date.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Animal Owner / Date

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OFFICE USE ONLY

Type of ID received: NCID or PASSPORT

Address Verification: NCID Utility Bill Other: \_\_\_\_\_

Proof of Government Assistance received: Medicaid FNS/SNAP WIC Other: \_\_\_\_\_

Proof of Income (if no government assistance received) provided: \_\_\_\_\_

Date signed by authorized rep: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature of Animal Services Staff / Date