

OWNED INCODMATION:

Moore County SNAP Program

Spay Neuter Assistance Application Spay Neuter Veterinary Clinic of the Sandhills 5071 US Hwy 1, Unit C Vass, NC 28394

Phone: 910-692-3499 Fax: 910-692-9650

| OFFICE USE ONLY | |
|-----------------|--|
| APPT DATE | |
| PROGRAM: SNAP | |
| APPROVED BY | |

If you receive or qualify to receive public assistance such as Food Stamps or Medicaid, you may qualify to participate in the Moore County **SNAP Program** which will cover the cost of spay/neuter surgery for your pet. If you meet the following 2017 Federal Income Guidelines you may submit this **SNAP Program Application**.

| Persons in Family/ Household | Income |
|---------------------------------|----------|
| 1 | \$12,060 |
| 2 | \$16,240 |
| 3 | \$20,420 |
| 4 | \$24,600 |

| Persons in Family/ Household | Income |
|---------------------------------|----------------------|
| 5 | \$28.780 \$32,960 |
| 7 | \$37,140 |
| 8 | \$41,320 |

For families/households with more than 8 persons, add \$5,230 for each additional person.

Please submit the completed, signed form to the Spay Neuter Clinic with required proof.

Surgery Appointment Required.

| OWNER IN ORIVIATION. | | |
|-------------------------------------|---|--|
| Name | Email | |
| Street | City | |
| State/Zip Code | County of residence | |
| Daytime Phone | Cell | |
| PET INFORMATION: | | |
| Name | Dog Cat Breed | |
| AgeColor | Sex Estimated Weight | |
| If female, has your pet had a litte | er? Date of last litter? | |
| | ccination? Yes No unvaccinated animals will be charged for rabies vaccination) | |
| | Cause I receive (check all that apply) Food Stamps Medicaid Section 8 Housing | |
| Applicant must attach copy of p | <u>oroof</u> | |
| Applicant | | |
| Signature: | Date: | |