

The Humane Society of Granville County - 2024 SPAY/NEUTER Voucher Form

In order to qualify for the GRANVILLE SPAY/NEUTER program you must 1) complete this form; 2) provide proof of financial need; 3) mail this signed form and financial aid proof to HSGC, PO Box 385, Butner NC 27509 (all documents will be shredded after review)**. There is no charge for this procedure but you MUST reside in Granville County. ***HSGC will also accept applications at our monthly Pet Food Pantry (Bullocks United Methodist Church, 2682 HWY 15 Creedmoor) 3rd Sundays, noon -1PM. We will select on a first applied, first accepted basis. Questions? 919 632 1295.*

Your Name _____

Address _____

_____ email: _____

Phone (home) _____ (cell) _____

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:

1. Medicaid card (for adult, not child)
2. WIC card/coupon (with current date)
3. Social Security Income (for adult, not child) note: Social Security Income is not a qualification unless it is your only income. (Provide a copy of last year's tax return; SSI declaration letter and copies of SSI checks are not sufficient).
4. EBT (food stamp) card with photo ID
5. IRS Form 1040 (Not w-2 or pay stub) showing income levels less than:

NOTE: we have adjusted these incomes to 1.5 times higher incomes than poverty level

- 1 person household - \$18,210
- 2 person household - \$24,690
- 3 person household - \$31,170
- 4 person household - \$37,650
- 5 person household - \$44,130

Animal description: Pet's Name: _____

(circle one please) Species: Dog Cat Sex: Male Female

Age: _____ Weight: _____ Predominate Breed: _____

Is this pet rabies vaccinated? Yes No Date _____ Vet _____

Other vaccinations? Yes No Heartworm preventative monthly (dogs only)? Yes No

By my signature, I certify that the above information is true and accurate. I also release the Humane Society of Granville County and its representatives from any and all liability for injury caused to me and/or my pet while participating in the above program including but not limited to transporting.

Signed _____ Date _____

Printed Name of Above: _____

HSGC Board Member _____