**Scotland County Humane Society 2025 State Spay/Neuter Application**

Welcome to the Scotland County Humane Society. We are pleased that you made a responsible decision to have your pet sterilized. Scotland County participates in the North Carolina Spay/Neuter Program. This program allows for the sterilization of Scotland County animals for the cost of a $20.00 cash co-pay per pet, from you, the pet owner. The co-pay is due at the time of application submission. The program requires the information below for Scotland County Humane Society to receive reimbursement from the NC Spay/Neuter Program.

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

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check which of the following applies to you. Proof of at least one will be required before your application can be processed along with your photo ID:

* Food Stamps
* Medicaid
* Low income (must be below 100% of the poverty guideline provided each year by the United States Department of Human Services.)

By applying for a spay/neuter voucher, I agree to provide the information requested for Scotland County Humane Society to receive reimbursement for the sterilization cost of my pet.

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  **Owner Name SCHS Staff Date**

**Pet Information**

All lines must be completed. If you are unsure, please use your best guess-the vet office will correct the animals information at the time of your appointment if necessary. Up to 2 animals per quarter (4 per year) are allowed.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat *or* Dog Female *or*  Male

Primary Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(for cats write short, medium or long hair)

Age:\_\_\_\_\_\_\_\_\_\_(specify months or years) Coat color(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size(*circle one*): Small/Medium/Large/X-Large

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cat *or* Dog Female *or*  Male

Primary Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(for cats write short, medium or long hair)

Age:\_\_\_\_\_\_\_\_\_\_(specify months or years) Coat color(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size(*circle one*): Small/Medium/Large/X-Large

**Circle which vet office you would like to use. You must call to set up an appointment for your animal(s) within 30 days of receiving your voucher.**

X-way Animal Hospital Academy Animal Hospital

13041 Xway Road 11241 Andrew Jackson HWY

Laurinburg, NC 28352 Laurinburg, NC 28352

910-276-5300 910-276-6068