Physical Address:

1120 Piedmont Dr.

Lexington, NC 27295

Telephone: (336) 237-0131

Mailing Address:

P.O. Box 1791

Lexington, NC 27293-1791

[www.hsdcnc.org](http://www.hsdcnc.org)

Email: thriftypawsdc.gmail

**Be sure to include documentation for Medicaid, Food Stamps, or Income.**

**We also need a copy of your Driver’s License.**

**YOUR ANIMAL WILL NOT GO ON TRANSPORT WITHOUT PROPER DOCUMENTATION UNLESS YOU PAY FULL FEE.**

**IMPORTANT**

**Application for Financial Assistance for Spay‐Neuter Programs**

Name

Address

City State Zip Code

Telephone (Home) (Work)

Marital Status No. of children in home Ages of children Total in home

Employers

Applying for: (indicate number) **DOG**: Male Female **CAT**: Male Female

**In order to use the transport, you must call the HSDC at 336-237-0131 and make an appointment.**

**You do not need to fill out an application in order to use the Transport unless you are seeking financial assistance.**

**Filling out an application and/or receiving a voucher for financial help does not reserve a place for pets on the transport. You must call and schedule an appointment. If your pet has a current Rabies certificate, bring a copy instead of the original. It may not be returned to you. You are required to Prepay and you will be charged $25.00 for No Show on your schedule date.**

\* **Eligibility for assistance for state program:** In order to qualify for the State Spay‐Neuter program, combined family income must be less than 100% of the Federal Poverty Level, or you must prove eligibility for Medicaid or Food Stamps. **Please provide the following information**:

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(Annual total family income) (Number of people in household)

1. **documentation for proof of income.** Examples to submit include the following: most recent tax return, W‐2’s, Social Security letter, check stubs indicating monthly income, unemployment paperwork
2. **documentation for proof of eligibility for Medicaid and/or Food and Nutrition Services:** a copy of the **letter** (not the card) that you receive from the government

**\* Eligibility for HSDC program:** If you do not qualify for the state program, we may be able to pay a portion of the spay‐neuter cost. Please submit proof of income, as well as any special circumstances you have for seeking financial help, and we will process your request.

**By signing this document, you are attesting that all information provided is true and accurate.**

Applicant’s Signature Date / /

HSDC Member’s Signature Date / /

Rev 3/25

**Humane Society of Davidson County Spay‐Neuter Programs**

1. **State Spay‐Neuter Program**: We pay a portion of the cost of the spay‐neuter operation at participating veterinary hospitals (not for other services required by your veterinarian) **if family income is below 100% of the Poverty Level or if you are eligible to receive Medicaid or Food Stamps**. Please send documentation to verify your eligibility for the state program, such as the following:
	* a copy of most recent tax return, W2’s, check stubs indicating a month’s salary, unemployment paperwork or other governmental letter which indicates payments to you

\* a copy of your current Medicaid or Food Stamps **letter** indicating the dates you are eligible for the program(s). A copy of a letter which has expired is not sufficient, nor is a copy of the annual Medicaid or Food Stamps card.

1. **Regular Spay‐Neuter Program**: For many years the Humane Society of Davidson County has assisted financially through our regular spay‐neuter program, made possible through local donations. If you do not qualify through the state spay‐neuter program, we might still be able to pay a portion of the cost of spay‐neuter. Please send documentation such as the following:
	* a copy of most recent tax return, W2’s, check stubs indicating a month’s salary, unemployment paperwork or other governmental letter which indicates payments to you.

If you have special circumstances for seeking financial help, be sure to include this information on your application.

**The Spay‐Neuter Commuter (Transport)**

The Humane Society of Davidson County (HSDC) works with Planned Pethood, a low‐cost, high volume spay‐neuter clinic in Greensboro, on a transport which takes place the third Wednesday of each month at 1120 Piedmont Drive in Lexington.

In order to use the transport, you must call

the HSDC at 336‐237‐0131 and make an appointment. You do ***not*** need to fill out an application in order to use the Transport unless you are seeking financial assistance.

**Anyone may use the transport.** In **some** cases, we provide financial help. To receive a voucher, you must fill out an application and send to P. O. Box 1791, Lexington, NC 27293. If approved, vouchers for animals on the transport cover a portion of the total cost of the operation.

 **Filling out an application and/or receiving a voucher for financial help does not reserve a place for pets on the transport. You must call and schedule an appointment. If your pet has a current Rabies certificate, bring a copy instead of the original. It may not be returned to you.**

 **COMPLETED APPLICATION & DOCUMENTATION ARE TO BE** **MAILED BACK TO US AT:**

 **PO BOX 1791 – LEXINGTON, NC 27293-1791**