



Franklin County Humane Society Spay/Neuter Application

Administered & funded by The Franklin County Humane Society

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

- 1) PET NAME _____ DOG () CAT () MALE () FEMALE () AGE ____ WEIGHT ____
Is pet up to date with Rabies Vaccine? Yes _____ No _____
- 2) PET NAME: _____ DOG () CAT () MALE () FEMALE () AGE ____ WEIGHT ____
Is pet up to date with Rabies Vaccine? Yes _____ No _____
- 3) PET NAME: _____ DOG () CAT () MALE () FEMALE () AGE ____ WEIGHT ____
Is pet up to date with Rabies Vaccine? Yes _____ No _____
- 4) PET NAME: _____ DOG () CAT () MALE () FEMALE () AGE ____ WEIGHT ____
Is pet up to date with Rabies Vaccine? Yes _____ No _____
- 5) PET NAME: _____ DOG () CAT () MALE () FEMALE () AGE ____ WEIGHT ____
Is pet up to date with Rabies Vaccine? Yes _____ No _____
- 6) PET NAME: _____ DOG () CAT () MALE () FEMALE () AGE ____ WEIGHT ____
Is pet up to date with Rabies Vaccine? Yes _____ No _____

I certify that I personally own the animal(s) listed and I understand that copay is due on the morning of appointment. If any other services are requested by myself or the veterinarian that I will pay for those services on the morning of appointment or at time of pick up.

Signature _____ Date _____

To Qualify you **MUST** meet the following criteria.

Household Income:

\$15,000 or under - Free

\$ 15,001 -\$25,000 - Copay - \$30 for cats \$45 for Dogs

\$25,001 - \$50,000 - Copay - \$45 for cats \$65 for Dogs

Medicaid Card (adult, not child)

Letter granting Social Security Income (adult, not child) *Note– SS income is NOT a qualification, unless SS is your only income by providing last year’s tax return or last three bank statements showing deposit of SS I check.

or

IRS 1040

The voucher pays for Surgery, Pain Medication and Rabies Shot.

Here are some examples of other services that are available at the time of your appointment **YOU are to pay for these services NOT FCHS!** when making your appointment ask for pricing:

Pre-Operative Bloodwork - **Some Veterinarians require this to do surgery.**
Ask when making your appointment

Heartworm Testing in Dogs -

Vaccines -

Flea Treatment - Capstar to kill adult fleas

If you or Veterinarian request any of these other options or medications you are responsible to pay for those fees not Franklin County Humane Society.

If you qualify, please mail copy of this application along with proof of income:

SNIF - P.O, Box 338, Youngsville NC 27596 or fax to 866-542-8702.