

**SNAP-NC PALS PROGRAM APPLICATION**  
**(Prevent Another Litter Subsidy Program (Income Based))**

The PALS Program is available to residents in the following counties:  
**Chatham, Cumberland, Granville, Harnett, Johnston, Lee, Vance, Wake and Wayne**

This program provides subsidies for sterilization of dogs and cats and is available as funding allows. The co-payment is **\$25.00 for cats** and **\$40.00 for dogs**, with the balance covered through grants and/or donations. The co-payment is due in cash on the morning of surgery and will include routine surgery, pain medication, rabies and distemper vaccination. (We reserve the right to limit the number of pets sterilized in any one family. We further reserve the right to refuse additional veterinary services not detailed above.)

**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 for child)  
**NOTE:** Social Security Income is NOT a qualification **unless social security is your ONLY income**  
(provide a copy of last year's tax return or last three bank statements showing deposit of SSI check.) *SSI declaration letters and copies of SSI checks are NOT sufficient.*
4. EBT (food stamp) card with photo ID & food store receipt dated within previous 3 weeks
5. IRS Form 1040 (**NOT W-2 or pay stub**) showing income levels less than  
1 person household - \$17,960  
2 person household - \$24,240  
3 person household - \$27,468  
4 person household - \$ 33,120  
5+ person household \$ 34,464
6. Letter explaining special circumstances and need for assistance.

**You must have subsidy approval BEFORE scheduling your appointment.** Print out this form, fill it out, and mail it to SNAP-NC, PO Box 278, New Hill, NC 27562 **with all supporting documents**. We will call you when we have processed your application and we will schedule your appointment at that time. Please allow 10 business days.

Your first name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, NC Zip \_\_\_\_\_

Phone number(s) \_\_\_\_\_ Total # pets in home \_\_\_\_\_ # NOT spayed \_\_\_\_\_

Pet name \_\_\_\_\_ Dog ( ) Dog's weight (Minimum 8lbs) \_\_\_\_\_ M\_/F\_\_ Cat ( ) M\_\_F\_\_

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**I certify that the above named animal(s) are owned by me personally. I understand that the co-payment fee is due in cash on the morning that my pet is dropped off for surgery.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Please be sure to list all dogs and cats currently owned by you, as this could effect future applications for assistance.

**The purpose of this subsidy program is to Prevent Litters. Should you choose to allow your pets to have litters after you are approved for the subsidy, your approval status will be revoked.**