

SNAP-NC P.A.L.S. PROGRAM APPLICATION
(Prevent Another Litter Subsidy Program (Income Based))

The PALS Program is available to residents in the following counties:
Johnston, Lee, Wake, Wayne, Wilson

This program provides subsidies for sterilization of dogs and cats and is available as funding allows. The copayment is:

\$35.00 for cats
\$50.00 for dogs less than 60 pounds
\$90.00 for dogs between 60 lbs and 90 lbs
\$125.00 for dogs 91 lbs or more

with the balance covered through grants and/or donations. The co-payment is due in cash/credit on the morning of surgery and will include routine surgery, pain medication, rabies and distemper vaccinations, take home pain medication and e-collar when needed. (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 voucher (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.)
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

You must have subsidy approval BEFORE scheduling your appointment. Print out this form, fill it out, and mail it to SNAP-NC, PO Box 1943, Wendell, NC 27591 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) _____ Email address: _____

Total # pets in home _____ # NOT spayed/Neutered _____

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 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.