

**HUMANE NET
APPLICATION FOR SPAY/NEUTER VOUCHER
1447 Folly Road, Charleston SC 29412
843-875-4031**

Instructions for animal owner:

1. Complete this form (**one per animal**) and send the co-payment of **\$20.00**.
 - Make check or money order payable to : **Humane Net**
2. Enclose **proof of eligibility** of any of the below listed programs. A photocopy will meet this requirement. You must be **18 years or older** to be eligible for this program.

After your completed application is received by Humane Net and if approved:

1. You will be sent a voucher and a list of participating veterinarians. (**Please allow at least 4 weeks**)
 - **DO NOT** make an appointment with a veterinarian until you have received the spay/neuter voucher.

If you have any questions or believe that you may qualify for one of the below listed programs but are not actually enrolled, call (843) 875-4031.

To be completed by animal owner:

First Name: _____ Home Telephone: _____

Last Name: _____

Mailing Address: _____

Name of Pet: _____ Street _____ City _____ State _____ Zip Code _____
Breed: _____ Weight: _____ Age _____
(years, months or weeks)

Type of pet: **Female Cat** **Male Cat** **Female Dog** **Male Dog**

To be eligible for this program, you must be enrolled in one of the following programs or have an income low enough to be eligible. **Please check below the program(s) in which you are enrolled.**

- | | |
|---|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Aid to the handicap |
| <input type="checkbox"/> Medicaid or Medicare | <input type="checkbox"/> Social Security Disability (SSD) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Social Security Income (SSI) |
| <input type="checkbox"/> TANF | |

*** Please call for income guidelines**

YOU MUST SEND PROOF OF YOUR ELIGIBILITY WITH THIS APPLICATION. Proof of eligibility can include a photocopy of any form or card that demonstrates enrollment or eligibility in one of the above programs.

RELEASE OF INFORMATION:

By signing this application, I give Humane Net permission to verify my eligibility by contacting the Department of Health and Human Services. Applications not signed will NOT be processed.

Signature of animal owner: _____ Date: _____

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For Office Use Only

Check# _____ Amount _____ Date Received _____ By: _____