



Physical Address:  
1120 Piedmont Dr.  
Lexington, NC 27295  
Telephone: (336) 237-0131

Mailing Address:  
P.O. Box 1791  
Lexington, NC 27293-1791  
[www.hsdnc.org](http://www.hsdnc.org)  
Email: [thriftpawsonline@gmail.com](mailto:thriftpawsonline@gmail.com)



**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.**

**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:**

\_\_\_\_\_ (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 \_\_\_\_/\_\_\_\_/\_\_\_\_