



CARTERET COUNTY HEALTH DEPARTMENT

Pest Management Division

3820 Bridges Street, Suite A, Morehead City NC 28557

252-728-8585

J.T. Garrett, Ed. D., M.P.H.

2010 SPAY & NEUTER ASSISTANCE APPLICATION

Carteret County Pest Management is pleased to announce that funds are available to assist qualified county residents with the costs of spaying and neutering their dogs and cats.

If your family income falls within the guidelines below, please submit this application and mail it or bring to our office, along with proof of your family income. You can submit pay stubs, Form 1040, W-2 forms or a notarized earnings statement from your employer(s). Before coming in to our office, please call ahead to 728-8585 so we can set up a convenient time to talk with you.

We will review your application and let you know by phone or in person. If approved, we will provide you a spay/neuter voucher to cover the cost of surgery, and assist in making an appointment with one of the participating veterinarians. At the time of the appointment, you will be responsible for paying a \$15.00 co-pay per pet to the veterinarian. There is a limit of two (2) vouchers per household.

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS	TOWN/CITY	STATE
HOME PHONE NUMBER	WORK OR CELL PHONE NUMBER	

(CIRCLE ONE) Requested voucher is for a **DOG** or **CAT** **Male** or **Female**

(CIRCLE ONE) Requested voucher is for a **DOG** or **CAT** **Male** or **Female**

Below are the income eligibility guidelines that will be used to establish qualification for the Spay Neuter Voucher program. To qualify for this program, your gross income must not exceed the amounts listed on the table below.

2010 GUIDELINES

FAMILY SIZE	MAXIMUM MONTHLY HOUSEHOLD GROSS INCOME
1	\$1354.00
2	\$1821.00
3	\$2289.00
4	\$2756.00
5	\$3224.00
6	\$3691.00
7	\$4159.00
8	\$4626.00

Monthly Gross Wages \$ _____

Number of People in Household _____

In keeping with NC law, animals that *are not* current on rabies vaccinations will be vaccinated at the time of surgery at the owner's expense.

SIGNATURE _____

DATE ____/____/____

FOR OFFICE USE ONLY	() APPROVED	() DENIED
REVIEWED BY: _____	DATE ____/____/____	
10-11 _____		