

Client / App /Invoice # \_\_\_\_\_

**BEAUFORT COUNTY**  
**Spay Neuter Incentive Program**  
**APPLICATION**

**Name:** \_\_\_\_\_  
**(Owner)** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone:** Home/work/cell \_\_\_\_\_

**Owner**  
**Date of Birth:** \_\_\_\_\_

Name of Animal: _____	Sex: _____
Species: _____	Age: _____
Name of Animal: _____	Sex: _____
Species: _____	Age: _____
Name of Animal: _____	Sex: _____
Species: _____	Age: _____
Name of Animal: _____	Sex: _____
Species: _____	Age: _____
Name of Animal: _____	Sex: _____
Species: _____	Age: _____

- Please Provide:
- A copy of your driver's license or light bill to verify your Beaufort County residence.

Please be advised that by signing this form you are attesting that you own the animal named above and you authorize the release of information to allow the Beaufort County SNIP representative or its designee to contact the Beaufort County Department of Social Services, Beaufort County Health Department or Washington Housing Authority to verify that you qualify for one or more public assistance benefits. This permission is valid for **90 days** from today's date.

\_\_\_\_\_  
Animal Owner Signature Date

**DO NOT WRITE BELOW THIS LINE**  
\*\*\*\*\*

Verified by Program Authorized Representative \_\_\_\_\_  
Program Type Received \_\_\_\_\_  
Date Signed by Program Representative \_\_\_\_\_  
Name of Veterinary Hospital: \_\_\_\_\_  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS PROGRAM IS NOT INTENDED TO BE USED BY UNREGISTERED TNR  
(TRAP/NEUTER/RELEASE) PROGRAMS OR BY RESCUE GROUPS!**