

Humane Society of Nacogdoches County

Directions:

Read through this page to find how you may qualify for services.

Print the application and fill it out. Then set up your appointment on our online scheduler (where you found this link).

At your appointment time, bring the following with you:

(If you do not have each item below, we cannot offer you services at that time)

- 1 - Current driver's license and proof of Nacogdoches County residency, if the address is not current.
- 2 - Your qualifier. (See options below)
- 3 - Your filled out application.
- 4 - Your pet. 😊

METHOD ONE: PROOF OF GOVERNMENTAL ASSISTANCE

Qualify for Free Services:

1. TANF – Temporary Assistance for Needy Families (Texas Works, Choices -Texas Workforce Commission)
2. Medicaid
3. FPHA – Federal Public Housing Assistance (Section 8/HUD)
4. Unemployment
5. VA Disability – Veteran's Administration
6. SNAP/Lonestar Card – Supplemental Nutrition Assistance Program
7. WIC – Special Supplemental Nutrition Program for Women, Infants and Children
8. SCHIP – TexCare Children's Health Insurance Program

Qualify for Low-Cost Services

1. CEAP – Comprehensive Energy Assistance Program
2. CIL – Centers for Independent Living
3. Head Start
4. LIHEAP – Low-Income Home Energy Assistance Program
5. NSLP, SBP, & SMP – National School Lunch Program, School Breakfast Program, Special Milk Program
6. SSDI - Social Security Disability Insurance
7. SSI – Supplemental Security Income
8. WAP – Weatherization Assistance Program

METHOD TWO: PROOF OF HOUSEHOLD INCOME

Persons in Household	Household Income	
	Free Services	Low Cost Services
1	\$12,490	\$24,228
2	\$16,910	\$32,581
3	\$21,330	\$40,935
4	\$25,750	\$49,288
5	\$30,170	\$57,641
6	\$34,590	\$65,095
7	\$39,010	\$74,348
8	\$43,430	\$84,702
Families >8	Add \$4,420 per person	Add \$8,353 per person
Source ----->	Federal Assistance	State Assistance



936-569-7272



Nacogdoches Animal Services
936-560-5011

Nacogdoches County Pet Vaccination and Microchip Clinic

Client Information: Please answer all questions. Date: _____

Last Name: _____ First Name: _____

Spouse/Sig. Other Last and First Name: _____

Physical Address: _____

Phone Number: _____ Email: _____

Pet Information: Please answer all that you can.

Circle One: Dog Cat Other: _____

Circle One: Male Female

Spayed/Neutered: Y or N

Name: _____ Age: _____ Breed: _____ Color: _____

Weight: _____

Has your pet had any vaccines before? Y or N If Yes, where and when? _____

Does your pet have any medical problems or allergies? Y or N

If you answer yes, please explain: _____

Pet Examination: (Veterinary Use Only)

*Weight: _____ # *Temp: _____ F *Heart Rate: _____ BPM *Resp. Rate: _____ BPM (panting /trembling)

Health Status: Healthy Minor Issues Moderate Issues Severe Issues

Explanation: _____

Abnormal Findings on Exam: _____

Vaccinations and Microchip:

FRCP-RF

#1

#2

1 year

Rabies-RR

MicroChip

Stickers

DHPP-RF

#1

#2

1 year

Bordatella

#1

Rabies 1yr.

MicroChip

Stickers