

# Flying Hound Fences

## Application for Fencing Assistance

Name (Full Legal) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number Pets in House \_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_ Chained \_\_\_\_\_

Number of Dogs Living \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_

Are Pets in the Household Spay/Neutered \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**All Pets to be are Required To Be Spay/Neutered/ and Up to Date on Rabies Vaccinations**

List All Pets:

Name	Breed	Spayed/Neutered	Age	Vaccines	Weight
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach Additional Pages If Needed)

Are Pets in the Household Up to Date With Rabies Vaccinations \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Current Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Do You Own or Rent Your Residence? \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Name of Landlord and/or Property Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Is There Current Fencing on the Property? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Height/Type \_\_\_\_\_

\_\_\_\_\_

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## Application for Fencing Assistance – Income Eligibility for Assistance

This program is designed to help pet owners that otherwise would not be able to financially provide proper fencing for their household pets. The income eligibility requirements are in line with the federal poverty guidelines. Eligibility verification will be required, including verification of income and household size.

Income Eligibility Guidelines	
Household Size	Federal Guidelines
	Annual Income
1	11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730

Total Combined Household Income: \_\_\_\_\_

Do You Receive Assistance From Any Government Programs?     Yes     No

Please List All Government Assistance Programs Received (Examples: Medicaid, Food Stamps, SSI, etc....) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or anyone at your residence ever received a warning/ticket from Animal Control for any of the animals on your property?       Yes       No

State Circumstances and Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Of The Dogs On Your Property Have A History Of Biting?       Yes       No

State the Circumstances and Outcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Ever Been Charged With Animal Cruelty, Neglect or any other Animal Related Charge?       Yes       No

State Circumstances and Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All dogs/cats are required to have current Rabies vaccines as required by NC State Law. Please provide proof of current vaccine history. (If your pets are not current with vaccinations, we can guide you in arranging for your pets to receive appropriate vaccines.)

All dogs/cats are required to be spayed or neutered. (If your pets are not currently spayed or neutered, an appointment will need to be made and kept with a local veterinarian or one of the local low cost spay/neuter clinics.)

- Sheets Pet Clinic 336-852-8488
- Planned Pethood 336-299-3999

Proof of Compliance Will Need To Be Provided

Provide Copies of Following – That Apply--(including any breed limitations, numbers, size etc..)

- Pet Rental Agreement
- Statement From Landlord Allowing Pets on the Property
- Homeowners Associations Paperwork
- Rabies Certificates for Each Pet
- Verification of Spay/Neuter Surgery or Appointment
- Total Combined Household Income (Tax Returns, Pay Stubs, etc..)
- Verification of Government Assistance Received (Medicaid, EBT, SSI, etc..)

I understand that if I am approved for a fence build from Flying Hound Fences, it is my responsibility to keep the fence in good repair and address any situations for each individual dog that may be of concern for their safety, well-being and containment in the enclosure. While every foreseeable precaution has been taken by Flying Hound Fences to insure my safety and that of my pet(s), I will not hold the agents, Flying Hound Fences, and/or Happy Hills Animal Foundation, Inc., responsible for any adverse effects that might occur from this fence build or the supplies that I have received. I also understand that Flying Hound Fences and/or Happy Hills Animal Foundation, Inc. has the right to terminate assistance in the event that statements made above are found to be false or for any reason deemed necessary by the board of executors. Including, but not limited to, any public health and safety issues that may arise from providing assistance.

I have read and understand all of the above conditions and by the above conditions and by signing my name below and submitting this application, I agree to abide by all conditions declared on this release statement.

Print

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First Name	MI	Last Name
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Full Legal Signature

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Date

**Flying Hound Fences**

A Subsidiary of

**Happy Hills Animal Foundation, Inc.**

3143 Happy Hills Dr.

Staley, NC 27355

336-622-3620

**Director Of Flying Hound Fences**

Donna Hughes

225 Kennedy Farm Rd. N

Trinity, NC 27370

336-953-5462