

North Carolina Department of Agriculture & Consumer Services
Animal Welfare Section/Veterinary Division
1030 Mail Service Center
Raleigh, NC 27699-1030

Phone: 919-707-3280 fax: 919-733-6431 e-mail: agr.aws@ncagr.gov

Animal Shelter Support Fund Application

Name of City or County: _____ County Tax I.D.#: _____

Select Tier of County: 1 2 3

Date of Event for which reimbursement is requested: _____

Facility at which event occurred: _____

Facility License #: _____

Select one:

- denial, suspension, revocation of shelter's registration
- unforeseen catastrophic disaster at shelter

Amounts requested for Reimbursement

Veterinary Costs: \$ _____

Sanitation Costs: \$ _____

Animal Sustenance and Supplies: \$ _____

Temporary Housing and sheltering of animals: \$ _____

Total amount requested for all categories: \$ _____

Amount of Funds matched by local government: \$ _____

An itemized list of all expenses must accompany this form

Name of Person that completed form: _____

Contact phone number: _____

This application must include:

- Proof of Matching Funds consistent with County or City Tier**
- Proof of Payment of Eligible Expense**
- Itemized list of eligible expenses**