



Application for Spay/Neuter Assistance

Preston County Humane Society
P. O. Box 395
Kingwood, WV 26537 Phone 304-435-1808

Spay/neuter assistance is provided to residents of Preston County. To apply for assistance, please complete the following information and return this application to the address above. You will be contacted by our program administrator. If you want PCHS to help cover the cost, YOU MUST RECEIVE APPROVAL BEFORE YOU TAKE YOUR PET FOR SURGERY. Please, only one pet per application. Thank you for doing the right thing for your pet!

Home phone _____ Signature of person completing application _____
Date _____ Cell phone _____
Name _____ How many people live in your household? _____
Address _____ Adults _____
_____ Children _____

Total annual household income \$ _____ Do you receive _____ public assistance? _____ food stamps?
If you receive public assistance or food stamps, please attach a copy of the verification letter.

Animal to be spayed/neutered: Male cat Female cat Male dog Female dog
Pet name _____ Age _____ o months o years Breed _____
Where did you get your pet? _____

Preston County dog tag number (tax number) _____ What veterinarian will you be using? _____
How did you learn about our program? _____

***** FOR VETERINARIAN'S OFFICE *****

Please note: PCHS financial assistance when indicated as "full payment" is only for services directly related to the surgical procedure such as anesthesia, surgical supplies, pain medication, and incision therapy. We do not pay other services such as pre-surgical exam, vaccinations, worm medication, or flea treatment. Your office will be notified if an exception is made to this policy.

Please submit an itemized bill to the address shown above for payment. **Thank you!** for working with us to provide this service.

Partial payment PCHS will pay this amount:
_____ Male cat \$35 Male or female dog
Female Cat \$50 \$55
 Full Payment from PCHS
 Full Payment
Qualifies for Peterman Foundation grant funding.

Please note: Expiration date for this approval _____ Contact PCHS for services scheduled after this date.

***** PCHS USE ONLY *****

Income Verification: Date requested _____ By _____ Date received _____
Review Date _____ Approved by _____ / _____ Owner Notified by _____
Vet's Office Notified (date) _____ Fax Mail Call - Spoke to _____ By _____