



# 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 \_\_\_\_\_ months \_\_\_\_\_ 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? \_\_\_\_\_

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

### Income and/or assistance

Verification: Date requested \_\_\_\_\_ By \_\_\_\_\_ Date received \_\_\_\_\_

Review date \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_

Owner notified \_\_\_\_\_ By \_\_\_\_\_ (PCHS) Date \_\_\_\_\_

Veterinarian's office notified \_\_\_\_\_ Faxed or Staff name \_\_\_\_\_ By \_\_\_\_\_ (PCHS) Date \_\_\_\_\_

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

- PCHS will pay this amount:
  - \_\_\_\_\_ Male cat **\$35** \_\_\_\_\_ Female cat **\$50**
  - \_\_\_\_\_ Male or female dog **\$55**
  - \_\_\_\_\_ **Full cost** (Services included same as Peterman)

- Qualifies for Peterman Foundation grant full payment. PCHS will pay this spay/neuter in full. Services to include cost of surgical procedure and only services directly related such as anesthesia, pain medication and incision therapy. We do not pay other services such as pre-surgical exam, vaccinations, worm medication, or flea treatment.

Please submit an itemized bill to the address shown above for payment. Thank you.