

Voucher No. _____
Veterinarian: _____
Date Approved: _____
Date Declined: _____
Dog () Cat ()

Application for Marion County Humane Society
Peterman Grant Spay/Neuter Assistance Program
P.O. Box 905
Fairmont, WV 26554
Cathy Tarley, Application Coordinator 304-365-5360
632 Pike Street, Monongah, WV 26554
www.mchswv.org / mchswvpg@gmail.com

Name (please print): _____

Address _____
Street Address Apt # City County State Zip

Telephone: (Day) _____ (Evening) _____ (Email) _____

Dog's name: _____ Breed: _____ Weight: _____ Age: _____
() Female () Male Are your dog's vaccinations current? ____ Is your dog pregnant? ____

Cat's name: _____ Breed/Color: _____ Weight: _____ Age: _____
() Female () Male () Tame () Semi-Wild () Wild Pregnant? ____
Vaccinations current? ____

NAME OF VETERINARIAN:

(See reverse for participating veterinarians.)

Are you receiving state or federal financial aid? () Yes () No

If yes, what proof are you providing of state or federal financial assistance? If no, please explain why you feel you qualify for this spay and neuter program. (Use a separate sheet of paper if needed.)

Your signature below indicates that you are legal owner or custodian of the above named pet(s), that the information provided is correct, and that you release MCHS from any liability.

Applicant's Signature: _____ Date: _____

Participating Veterinarians (Choose one and fill in name on front of application):

(Cats Only)
P.U.R.R. West Virginia
306 Beech St.
Grafton, WV 26354
(304) 265-4671

(Dogs/Cats-Limit 40 lbs)
Fairmont Veterinary Hospital
619 Gaston Ave.
Fairmont, WV 26554
(304) 363-0930

(Dogs/Cats-Limit 60 lbs)
Valley Animal Clinic
WV-2
New Martinsville, WV 26155
Dr. White (304) 455-3511

(Male Cats Only)
Pet Central Veterinary Clinic
864 Husky Highway
Fairmont, WV 26554
(304) 363-3556

(Dogs and Cats)
Middletown Animal Clinic
1615 Bobbeck Ln.
Fairmont, WV 26554
(304) 366-6130

(Spay limit 30 lbs;
neuter limit 50 lbs Dogs/Cats)
Mountaineer Veterinary Clinic
239 Greenbag Road
Morgantown, WV 26501
(304) 296-1667

(Dog and Cats)
White Hall Animal Clinic
3266 Fairmont Ave
Fairmont, WV 26554
(304-534-9317)

Dog's name: _____ Breed: _____ Weight: _____ Age: _____
() Female () Male Are your dog's vaccinations current? ____ Is your dog pregnant? ____

Dog's name: _____ Breed: _____ Weight: _____ Age: _____
() Female () Male Are your dog's vaccinations current? ____ Is your dog pregnant? ____

Cat's name: _____ Breed/Color: _____ Weight: _____ Age: _____
() Female () Male () Tame () Semi-Wild () Wild Pregnant? ____
Vaccinations current? ____

Cat's name: _____ Breed/Color: _____ Weight: _____ Age: _____
() Female () Male () Tame () Semi-Wild () Wild Pregnant? ____
Vaccinations current? ____

This grant may be used for spay/neuter, rabies, and pain medication required for this procedure only. All other veterinarian costs are the responsibility of the legal owner or custodian of the above named pet(s). Once your application is approved, you and your choice of participating veterinarians will be notified. It is the responsibility of the applicant to make the veterinarian appointment, and the procedure must be completed within 30 days of notification.

Authorized Signature: _____ Date: _____

Print Name: _____ Office Use : _____