



304-366-5391

MCHSR/ SNAP WV -SPAY NEUTER PROGRAM APPLICATION FOR ASSISTANCE

- Veterinarian could charge an additional fee up to \$15.00 if your pet is in heat or pregnant, as well as a \$6.00 for flea treatment, additional cost for pain medicine, antibiotics or \$9.00 for a rabies vaccine if needed. These fees and any other fees are the responsibility of the applicant not MCHS/Snap WV
- A sick or injured cat will not be able to have this surgery.
- Applicant has to be a resident of Marion County.
- The MCHSR/SNAP fund is to assist with the cost to spay/neuter cats only.
- This is an application only and a voucher will be mailed after this form has been approved by a committee member.
- Voucher will expire within 1 month from approved date.
- MCHSR ask for applicant to volunteer 2 hours within 3 months at our shelter, office or at events.

NAME _____ PHONE # (304) _____

ADDRESS _____ CITY _____ WV ZIP _____

EMAIL ADDRESS _____ this is optional, if you would like to be informed about

MCHSR events.

* HOW MUCH ARE YOU ABLE TO PAY TOWARD THE COST TO SPAY/ NEUTER YOUR CAT? _____, if animal is in heat or pregnant please be prepared to pay the additional fee as well.

NUMBER OF PEOPLE IN HOUSEHOLD _____ SOURCE OF INCOME _____

WHAT TYPE OF PUBLIC ASSISTANCE DO YOU RECEIVE? _____

TOTAL HOUSEHOLD INCOME _____

1. CAT'S NAME _____ MALE () FEMALE () AGE _____ COLOR _____

2. CAT'S NAME _____ MALE () FEMALE () AGE _____ COLOR _____

Your Pet's Veterinarian's name: _____ The voucher will be made out to your Veterinarian, if he is a partner with this MCHSR -SNAP/WV program.

****Please mail completed application and a self addressed stamped envelope to:**

**Teressa Hoskinson
RT 6 Box 192-J
Fairmont WV 26554**

DECLARATION AND RELEASE:

I certify that the above information is true and correct.

I understand that this Spay / Neuter Program funds are only for qualifying limited income cat owners who live in Marion County WV. I understand that if I am approved, I will be required to pay my portion that was agreed upon to the participating Veterinarian's office on the day of the appointment. I also understand that if I fail to keep my scheduled appointment that I will forfeit all of my paid fees.

Applicant's signature _____ Date _____

SURGICAL RELEASE:

Spay and neuter surgery of cats is relatively a minor and safe procedure, however, with any surgical procedure there is a slight risk of complications which could result in illness, injury, or in extreme cases, death. As owner of this cat, I assume full responsibility for the surgery and do hereby release the MCHS SNAP/WV Program and the participating veterinarian hospital/clinic and the veterinarian of any and all liability.

Applicant's signature _____ Date _____

THANK YOU FOR BEING A RESPONSIBLE PET OWNER -MCHSR Spay/Neuter Committee