

New Hope Animal Rescue
P.O. Box 461
Scott Depot, WV 25560



Spay/Neuter Assistance Application

ATTENTION! ALL INFORMATION MUST BE PROVIDED WITH THIS APPLICATION OR IT WILL NOT BE PROCESSED!

Your Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____ E-mail _____

How should we send your authorization(s)? _____ Email _____ U.S. Mail _____

Employment Information

Place of Employment _____ Monthly Income _____

Spouse's Place of Employment _____ Monthly Income _____

Are any other household members employed? _____ Yes _____ No

What is your Total Gross Monthly Income (including alimony, child support, public assistance, retirement, SSI, etc.)?

_____ How many people are supported by this income? _____

Pet Information

1. Pet's Name _____ Type of Pet: _____

Sex _____ Breed _____ Age _____ Color/Markings _____

Where did you get this pet? _____

2. Pet's Name _____ Type of Pet: _____

Sex _____ Breed _____ Age _____ Color/Markings _____

Where did you get this pet? _____

3. Pet's Name _____ Type of Pet: _____

Sex _____ Breed _____ Age _____ Color/Markings _____

Where did you get this pet? _____

Do you have more than three pets needing spay/neuter? _____ Yes _____ No

If yes, please list additional information below.

Please select one of our participating veterinarians:

_____ Help for Animals (One Humane Way, Barboursville, WV)

_____ Fix 'Em Clinic (102 Dee Drive, Charleston, WV)

_____ Fix Charleston (1246 Greenbrier Street, Charleston, WV)

_____ Grand Cat Central Feline Hospital (615 Stratton Street, Logan, WV)

Any additional questions or remarks?

If this application is approved, you will receive one authorization form for each pet being spayed or neutered. Once you receive the authorization form(s), call the vet to make an appointment. You must present the authorization form(s) to the vet when you take your pet for the appointment.

If you are unable to keep your appointment, you must give at least 24 hours' notice to the vet's office.

By signing my name below, I understand all questions on this application must be answered or this application will not be processed. I also certify the accuracy of the information I have provided.

Signature _____ Date _____

Thank you for helping to make your pet a healthier and happier companion, and for helping stop pet over-population. Please call our office at 304.562.0300 if you have any questions.