

**APPLICATION FOR MARION COUNTY HUMANE SOCIETY
SPAY/NEUTER ASSISTANCE**

Voucher # _____

Peterman
WVSN
City of Fmt

Mail completed application to:
Cathy Tarley, Program Coordinator
Marion County Humane Society
273I Locust Ave., Fairmont WV 26554
OR Email to mchswvpg@gmail.com
For more info... Call 304-365-5360

Name (please print): _____

Address: _____
Street Address Apt# City County State Zip

Phone (Day) _____ (Evening) _____ (Email) _____

ONE ANIMAL PER APPLICATION

DOG Name: _____ Breed/Color: _____ Weight: _____ Age: _____

() Female () Pregnant? DOG vaccinations current? _____

() Male

CAT Name: _____ Breed/Color: _____ Weight: _____ Age: _____

() Female () Pregnant? CAT vaccinations current? _____

() Male

Is the cat? () Tame () Semi-Wild () Wild/Feral

Program Coordinator will help you determine veterinarian.

NAME OF VETERINARIAN: _____

Are you receiving state or federal benefits? () Yes () No

If yes, what benefits are you receiving? _____

If no, please explain why you feel you qualify for this spay/neuter program. (Use a Separate sheet of paper if needed.) _____

This application indicates you are the legal owner or custodian of the above named pet, and the information you provided is correct, and you release MCHS from any liability. This grant will pay for the spay/neuter of your pet, pain meds for surgery and a rabies shot. ** NO other mutilating procedure can be performed at time of spay/neuter surgery ie. declawing, tail docking, ear-cropping etc. unless Vet/Clinic deems the operation medically necessary. **

Signature: _____ Date: _____ 2019

To be completed by Coordinator: () Approved () Declined

Authorized Signature: _____ Date: _____

Funds made possible for this spay/neuter program thru the generosity of the Peterman Foundation of Morgantown, WV Department of Agriculture and/or the City of Fairmont.