

Spay and Neuter Assistance Program Application

Complete this application and return with your check to receive your certificate.

OWNER'S NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME #: _____ WORK OR CELL: _____

EMAIL: _____

YOU MUST BE A RESIDENT OF WIRT COUNTY. You must provide a proof of residency. You can use a utility bill, mortgage payment, rental agreement, etc. You can mail the documents in with your application and they can be returned upon your request. **Your physical address must be listed on the document.**

ANIMAL 1 - Name: _____

☐ Dog ☐ Cat ☐ Male ☐ Female Age: _____

Does your animal need a rabies vaccination? ☐ Yes ☐ No

Where did you get this animal?

Adopted from a shelter or rescue? ☐ Yes ☐ No

 o Which shelter or rescue? _____

Bought from a breeder? ☐ Yes ☐ No

Other: (Please explain)

ANIMAL 2 - Name: _____

☐ Dog ☐ Cat ☐ Male ☐ Female Age: _____

Does your animal need a rabies vaccination? ☐ Yes ☐ No

Where did you get this animal?

Adopted from a shelter or rescue? ☐ Yes ☐ No

 o Which shelter or rescue? _____

Bought from a breeder? ☐ Yes ☐ No

Other: (Please explain)

ANIMAL 3 - Name: _____

☐ Dog ☐ Cat ☐ Male ☐ Female Age: _____

Does your animal need a rabies vaccination? ☐ Yes ☐ No

Where did you get this animal?

Adopted from a shelter or rescue? ☐ Yes ☐ No

 ○ Which shelter or rescue? _____

Bought from a breeder? ☐ Yes ☐ No

Other: (Please explain)

ANIMAL 4 - Name: _____

☐ Dog ☐ Cat ☐ Male ☐ Female Age: _____

Does your animal need a rabies vaccination? ☐ Yes ☐ No

Where did you get this animal?

Adopted from a shelter or rescue? ☐ Yes ☐ No

 ○ Which shelter or rescue? _____

Bought from a breeder? ☐ Yes ☐ No

Other: (Please explain)

I UNDERSTAND THAT THE REDUCED FEE IS ONLY FOR THE SPAY/NEUTER SURGERY AND A RABIES SHOT AND THAT I WILL PAY ANY ADDITIONAL COSTS CHARGED BY THE VETERINARIAN (COMPLICATIONS DURING SURGERY, BOARDING FEE IF PET IS NOT PICKED UP ON TIME, ETC.) AND ANY OTHER VETERINARY SERVICES THAT I REQUEST. I RELEASE THE NELSON ANIMAL RETREAT, INC. FROM ANY AND ALL LIABILITY REGARDING SAID SPAY/NEUTER SURGERY.

SIGNATURE: _____ DATE: _____

THERE WILL BE A \$30 FEE CHARGED FOR ALL RETURNED CHECKS.

Mail to: Nelson Animal Retreat, Inc., P.O. Box 421, Elizabeth WV 26143