

QUESTIONNAIRE

New River Humane Society, Inc. Low - Cost Sterilization Program  
P.O. Box 955 Fayetteville, WV. 25840 304-574-2105

**FAYETTE COUNTY RESIDENTS ONLY**

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

**1. Please list everyone in your household and income for each person including yourself.**

Name	Source of Income	Monthly Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Please list ALL the animals you that you own. Check the box in front of the canines for which you are requesting assistance.**

- Breed \_\_\_\_\_ Male/Female Is this animal spayed or neutered? \_\_\_\_\_ cat or dog? \_\_\_\_\_
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**3. How much could you financially contribute toward the sterilization of your animal(s)?**  
\$ \_\_\_\_\_

**4. How many animals are you requesting to be sterilized?** \_\_\_\_\_

**\*This program has a limit of 5 animals per household that can be sterilized.\***

- **Complete this form and a separate application for dog or cat; send them to the address at the top of this form with any donation that you are able to contribute.**
- **Upon receipt of applications you will be notified by mail of the date and location for your pet's surgical appointment.**