



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

1. This application must be completed and returned to the New River Humane Society, Inc. by the “valid date” at the bottom of this application.
2. Upon receipt of this application you will be notified “by mail” of the appointment date and location for your pet’s surgical appointment.
3. If you fail to keep the first scheduled surgical appointment, you will have seven (7) days to contact the NRHS to reschedule another appointment. In order to reschedule an appointment, call the phone number listed above and leave a message on the answering machine, or call the animal shelter at 304-574-3682.
4. Do NOT schedule or reschedule the pet's surgical appointment. If you take your canine to a Veterinarian without a surgical appointment through this program, YOU will be financially responsible for the entire surgical procedure and/or treatments.
(We have the right to deny payment for any sterilization surgery if our policy is not followed as described on this application).
5. Veterinarians require that all canines must be completely up to date on all vaccinations prior (at least 10 days) to any surgical procedure or the surgery will NOT be done. Dogs must be vaccinated against Parvo, Distemper, Rabies. (Rabies vaccinations may be administered at the age of four (4) months; annually for cats and every two years for dogs.)
6. This program is based on a first come, first serve basis. Missed appointments may delay your pet's surgery for days or even weeks.
7. Do not wait until your female pet comes into heat before you decide to spay her. Spay/Neuter your female/male pets early to prevent different types of cancer.
8. Animals adopted from the Fayette County Animal Control Center cannot be spayed or neutered through this program.

Listed below are the requirements that must be met to be accepted as an applicant of the Low-Cost Sterilization Program.

- * Owner of canine must be a permanent resident of Fayette County, WV and maintain a Fayette County, WV mailing address.
- * Owner of canine must be eighteen (18) years of age or older.
- * Owner of canine must complete, sign, date, and return this application the Valid Date. If not, the application will be rejected.
- * If you are sending a donation to help with cost, please send the donation in the form of a money order.

**THIS APPLICATION IS VALID THROUGH NOVEMBER 30, 2015 (ONLY)
AND REJECTED AFTER THAT DATE.
APPLICATION WILL BE VOIDED IF COPIED AND WILL BE REJECTED IF
MONEY ORDER IS NOT ENCLOSED WITH APPLICATION**

Complete Application on reverse

FOR DOGS ONLY



Surgeries are performed at 2 locations. Please check one (ONLY) below . Appointment dates will vary at each Animal Hospital.

_____ Jarrell Animal Clinic 304-877-5600
(Bradley, WV)

_____ Oak Hill Animal Hospital 304-465-8267
(Oak Hill, WV)

Owner's Last Name: _____ First Name: _____

Address: _____ City: _____ State: WV Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Pet Identification

Dog's Name: _____ Age: _____ Circle One: Male / Female Weight: _____

Color of Dog: _____ Breed: _____

Dog's Name: _____ Age: _____ Circle One: Male / Female Weight: _____

Color of Dog: _____ Breed: _____

Dog's Name: _____ Age: _____ Circle One: Male / Female Weight: _____

Color of Dog: _____ Breed: _____

Dog's Name: _____ Age: _____ Circle One: Male / Female Weight: _____

Color of Dog: _____ Breed: _____

Dog's Name: _____ Age: _____ Circle One: Male / Female Weight: _____

Color of Dog: _____ Breed: _____

Medical Clause

I, being of legal age and responsible for the pet(s) described above, have the authority to grant the New River Humane Society, Inc., and it's personnel, my consent to financially assist with the sterilization surgery of the above described pet(s). I further understand that with any surgical procedure, there are risks involved, and the NRHS, nor its personnel, will not be held responsible for any illness, injury, pregnancy, miscarriage, abortion or death as a result of the sterilization surgery of the above described pet(s). This includes, but is not limited to, any infections, diseases, treatments and/or complications before, during or after the surgery.

Owner's

Signature: _____ Date: _____

— (Application will be rejected if not completely filled out, signed and dated, along with attached MONEY ORDER)

* The cost whatever you can financially contribute per pet to be sterilized through this program. **WE CANNOT ACCEPT PERSONAL CHECKS!**

* Dogs must be six (6) months of age or older to be sterilized through this program and **up to date on their vaccinations.**

* There are **NO REFUNDS** on the SPAYING or NEUTERING of any Dog !!!