

New River Humane Society, Inc. Low – Cost Sterilization Program
513 Shelter Road Fayetteville, WV 25840 (681) 823-5014



FOR CATS AND DOGS



1. Upon approval of this application you will be receive your voucher by mail. You will be required to take that voucher with you on the day of your pet's surgery.
2. Veterinarians require that all animals 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. Cats must be vaccinated against Distemper, Leukemia, and Rabies. Dogs must be vaccinated against Parvo, Distemper, and Rabies. (Rabies vaccination may be administered at the age of four (4) months; annually for cats and every two years for dogs.) *Pets must be six (6) months of age or older to be sterilized through this program and up to date on their vaccinations.
3. Do NOT wait until your female pet comes into heat before you decided to spay her. Spay/Neuter your female/male pets early to prevent different types of cancer.
4. 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 application of the Low-Cost Sterilization Program.

- Owners of pets must be a permanent resident of Fayette County, WV and maintain a Fayette County, WV mailing address. *Proof of residency (recent utility bill, pay stub, tax bill, etc) is required and must accompany this application.*
- Owners of pets must be eighteen (18) years of age or older.
- Owners of pets must complete, sign, and date this application.
- Please send the donation towards the cost of your pet's surgery in the form of a money order.
- Please keep in mind that if you were to have your pet spayed or neutered yourself, full prices average \$50-80 for each cat and \$85-150 for each dog. This program is used for a discount and is NOT FREE and you must contribute a reasonable donations towards the spay or neuter of your pet. This will be applied to your pet's surgery. You will not have any other out of pocket costs for the surgery.
- How much could you financially contribute toward the sterilization of your animal(s)?

\$ _____

APPLICATION WILL BE REJECTED IF MONEY ORDER IS NOT ENCLOSED WITH APPLICATION.

WE CANNOT ACCEPT PERSONAL CHECKS.

We have the right to deny payment for any sterilization surgery if our policy is not followed as described on the application.

Surgeries are performed at 3 locations. Please check one (ONLY) below.
Pet drop off times will vary at each Animal Hospital.

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

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

___ Fayette Veterinary Hospital 304-574-4838
(Fayetteville, WV)

Owner's Last Name _____ First Name _____
Address: _____ City: _____ State: _____ Zip _____
Home Phone: _____ Cell Phone: _____

Pet Identification

Pet's Name: _____ Age: _____ Circle One: Male / Female Cat or Dog? _____
Color of Pet: _____ Approximate weight _____
Length of Hair (circle one): Long / Medium / Short Breed (dogs only) _____

Pet's Name: _____ Age: _____ Circle One: Male / Female Cat or Dog? _____
Color of Pet: _____ Approximate weight _____
Length of Hair (circle one): Long / Medium / Short Breed (dogs only) _____

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Color of Pet: _____ Approximate weight _____
Length of Hair (circle one): Long / Medium / Short Breed (dogs only) _____

Medical Clause

I, being of legal 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 surgery.

Owner's Signature: _____ Date: _____

(Application will be rejected if not completely filled out, signed and dated, along with attached MONEY ORDER for your donation towards the cost of surgery for your pet.) ***There are NO REFUNDS on the SPAYING or NEUTERING of any animal!!!!**