

New Hope Animal Rescue  
P.O. Box 461, Scott Depot, WV 25560



## Spay/Neuter Assistance Application

**ATTENTION! ALL INFORMATION MUST BE PROVIDED AND PROOF OF INCOME INCLUDED WITH APPLICATION OR IT WILL NOT BE PROCESSED**

### Personal information (please print)

NAME ADDRESS  
CITY STATE ZIP CODE COUNTY  
PHONE# (DAY) (NIGHT)

How did you hear about our assistance program?

### Employment Information

Place of Employment Monthly Income  
Spouse's Place of Employment Monthly Income  
Are any other household members employed? Monthly Income  
Total Gross Monthly Income (includes alimony, child support, public assistance, retirement, SSI, etc)  
How many people are supported by this income?

Do you participate in any of the following? food stamps, rental assistance-HUD, SSI, retirement, AFDS

Are you a student? Yes No if yes, Name of School  
Do you receive financial aid? Yes No  
Do you live in a Dorm Apartment Sorority/Frat house With Parents  
If not self supporting, list income of other support

### Pet Information

1. Pet's Name Cat Dog, Male Female, Age  
Breed Color/Markings Where did you get pet?  
2. Pet's Name Cat Dog, Male Female, Age  
Breed Color/Markings Where did you get pet?  
3. Pet's Name Cat Dog, Male Female, Age  
Breed Color/Markings Where did you get pet?

More than 3 pets needing spayed or neutered ? No Yes If yes, please list on second page of form

Who is your regular veterinarian

Choose one of these participating vets:

**Help for Animals (1-800-953-7297)**  
**Dunbar Animal Hospital (304-766-6407)**  
**Hurricane Animal Hospital (304-757-5936)**

List other pets here (that need spayed or neutered) or write any questions or remarks:

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**Instructions:** If this application is approved, you will receive in the mail one authorization form for each pet being spayed or neutered. Once you receive the authorization form(s), call the vet to make your appointment and find out how much your portion of the bill will be (each participating vet has different spay/neuter rates.) You must have the authorization form(s) with you when you take your pet for its appointment!

If you are unable to make your appointment you must give at least 24 hours notice to the vet's office.

## **YOU MUST READ AND SIGN BELOW**

By placing my name on the signature line below, I understand all questions on this application must be answered, and proof of income be sent in with the completed application, or this application will not be processed. I also certify that the information I have given accurately reflects my financial situation.

**SIGNATURE**

**TODAY'S DATE**

Thank you for helping to make your pet a healthier and happier companion, and for helping stop pet over-population. Please call our office at 304-562-0300 if you have any questions.