

## Animal Welfare League of the Northern Neck

P.O. Box 642 Kilmarnock, VA 22482 Phone: 804-435-0822

## APPLICATION FOR CO-PAY SPAY/NEUTER SERVICES

#### FOR CATS AND DOGS ONLY

Spay/neuter services must be approved by AWL in advance to be covered.

Note: Pets must be current on vaccinations as required by law and veterinary guidelines. Vaccination costs are the responsibility of the owner. If a female pet is in heat or pregnant on the day of surgery, any additional fees will be the owner's responsibility unless pre-authorized by AWL.

### PLEASE PRINT YOUR INFORMATION NEATLY

Fixin' to Save Spay & Neuter Clinic – 804-694-0349

Heathsville Animal Hospital – 804-580-5135

Your Information (please	include both y	our mailing and ho	ome address if different):	
Full Name:				
Address:				
Alternative Address:				
Contact Number: Email Address:				
PETS TO BE STERILIZED: How many cats: How many dogs:				
Cats: Male: Age:	Female:	Age:	Name(s):	
Dogs: Male: Age:	Female:	Age:	_ Name(s):	
Co-Pay Amount (Per Pet)  Please include your check with this application.				
	Cats:	Female: \$40.00	Male: \$25.00	
	Dogs:	Female: \$45.00	Male: \$40.00	
Choose a veterinarian from th	`	, <u> </u>	Kilmarnock Animal Hospital – 804-435-6320	

(Not to exceed \$200 per sterilization.)

Other Veterinarian:

# Instructions for the Co-Pay Spay/Neuter Program – Please read carefully

Dogs and cats must be up to date on vaccinations. This is the owner's responsibility unless pre-approved

	by AWL.		
•	If your pet is in heat or pregnant, you may be resp	ponsible for additional fees charged by the veterinarian.	
• Initial	Minimum age requirements for spay/neuter vary by clinic. Please check with your selected veterinarian		
	to confirm eligibility.		
• Initial	By signing this form, you agree to provide proper	care for your pet, including food, water, shelter,	
	exercise, and regular veterinary care.		
• Initial	Once your application is approved, you must con	tact the veterinarian directly to schedule the surgery	
IIIIII	and follow all pre-operative instructions. Pets mu	st arrive for surgery with an empty stomach. Missed	
	appointments may result in a cancellation fee tha	t you are responsible for.	
• By signing this application, you confirm that you have never been convicted of animal cruelty, negl-			
	abandonment.		
Initial •	Please complete this form and mail it, along with	your co-payment check, to:	
		Animal Welfare League – Spay/Neuter Program P.O. Box 642 Kilmarnock, VA 22482 Attn: Kathie Bryant - Spay/Neuter Chairperson	
•	application is approved, we'll notify you. If you l free to contact: Kathie Bryant at 804-462-0996 o	• •	
We appreciate you for being a responsible and caring pet owner. Pet overpopulation is a serious issue, and sadly, millions of cats and dogs are euthanized each year due to a lack of available homes. Spaying or neutering your pet helps prevent unwanted litters and contributes to a healthier, happier life for your animal.			
Thank you for taking such thoughtful care of your beloved companion.			
Application Must be Signed and Dated by the Pet Owner:			
	X		
	Signature	Date	
	-		