

### Animal Welfare League of the Northern Neck

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

# APPLICATION FOR FREE SPAY/NEUTER SERVICES

#### FOR CATS AND DOGS ONLY

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

#### PLEASE PRINT YOUR INFORMATION NEATLY

Your Information (please include both your mailing and home address if different):

Full Name:	_
Address:	
Alternative Address:	
Contact Number: Email A	ddress:
How many cats in your house?	Are all sterilized? ☐ Yes ☐ No
How many dogs in your house?	Are all sterilized? ☐ Yes ☐ No
PETS TO BE STERILIZED: How many cats:	———— How many dogs:
X	
Signature	Date
To be eligible for this service, please check which of the for with your application for financial assistance (Please do n	
☐ Medicaid Card ☐ Food Assistance Card ☐ Ter	mporary Assistance Proof
Choose a veterinarian from the list below (check one):	
☐ Warsaw Animal Clinic – 804-333-3433	☐ Heathsville Animal Hospital – 804-580-5135
☐ Fixin' to Save Spay & Neuter Clinic – 804-694-0349	☐ Kilmarnock Animal Hospital – 804-435-6320

## Instructions for the Free Spay/Neuter Program — Please read carefully

• Initial	Dogs and cats must be up to date on vaccinations. AWL will cover rabies and distemper shots for this
	procedure only. Any additional vaccinations are the owner's responsibility unless pre-approved by AWL.
Initial	If your pet is in heat or pregnant at the time of surgery, you may be responsible for any additional fees
	charged by the veterinarian.
• Initial	By signing this form, you agree to provide proper care for your pet, including food, water, shelter,
Initial	exercise, and regular veterinary attention.
Initial	Minimum age requirements for spay/neuter may vary by clinic. Please contact your selected veterinarian
	to confirm eligibility.
• Initial	Once your application is approved, it is your responsibility to contact the veterinarian to schedule the
IIIItiai	surgery and follow their pre-operative instructions. Pets must arrive with an empty stomach. Missed
	appointments may result in a cancellation fee, which you will be responsible for.
Initial •	By signing this application, you confirm that you have never been convicted of animal cruelty, neglect, or
THICK T	abandonment.
• Initial	Please complete this form and mail it, along with a copy of your eligibility document (Medicaid card,
III(IdI	food assistance card, or temporary assistance proof), to:
	Animal Welfare League – Spay/Neuter Program
	P.O. Box 642 Kilmarnock, VA 22482
	Attn: Kathie Bryant - Spay/Neuter Chairperson
Once vou	r application is approved, we'll notify you. If you have any questions or concerns in the meantime,
•	I free to contact: Kathie Bryant at 804-462-0996 or Joyce Page at 804-462-0091.

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	
Print Name	
X	
Signature	Date