

**ANIMAL WELFARE LEAGUE of the NORTHERN NECK, INC.**

**P. O. Box 642, Kilmarnock, VA 22482 c/o Kathie Bryant-Chairperson**

**(804-462-0996)**

**APPLICATION REQUEST FOR FREE STERILIZATION (spay-neuter)**

**CATS AND DOGS ONLY**

**ALL SPAY/NEUTER SERVICES MUST BE PRE-APPROVED BY  
AWL OR WILL NOT BE HONORED**

**Owner's Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**911 Address** \_\_\_\_\_

**Telephone # Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**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:**

**Male** \_\_\_\_\_

**Female** \_\_\_\_\_

**How many Dogs:**

**Male** \_\_\_\_\_

**Female** \_\_\_\_\_

**Owner's Signature X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**The typical cost of these surgeries, per pet, runs from \$90.00 to as high as \$200.00**

**To be eligible for this service you MUST enclose a copy of one of the following, along with this application, for financial assistance:**

**Medicaid Card---Food Assistance Card---Temporary Assistance Proof.**

**Chose the Veterinarian from the following: (circle 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**

**SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS**

## INSTRUCTIONS—PLEASE READ CAREFULLY

INITIAL

- \_\_\_\_\_ • **Dogs and Cats MUST have current immunization shots. The AWL will pay for the RABIES and DISTEMPER vaccinations this time ONLY. Any other vaccinations will be the responsibility of the owner unless per-authorized by AWL.**
- \_\_\_\_\_ • **If your pet is in heat or pregnant, you may be responsible for any ADDITIONAL FEES charged by the veterinarian.**
- \_\_\_\_\_ • **\* I will provide adequate food, water, shelter, exercise, personal care and veterinary care to these cats in my care and custody.**
- \_\_\_\_\_ • **The age for a cat or dog to be sterilized may vary by veterinarians. Please check with the veterinarian of your choice for this information.**
- \_\_\_\_\_ • **After APPLICATION APPROVAL, it is the owner's responsibility to call the veterinarian of your choice and schedule the surgery and to receive pre-operation instructions from them. Pets must be brought to surgery on an empty stomach. Failure to keep your appointment may result in a cancellation fee that *YOU WILL BE RESPONSIBLE FOR.***
- \_\_\_\_\_ • **\* I have never been convicted of animal cruelty, neglect or abandonment.**

Upon approval of your application you will be notified. However should you have any concerns, please call Kathie Bryant at 804-462-0996 or Joyce Page at 804-462-0091.

We commend you for being a responsible and caring pet owner in recognizing that the pet population is out of control. Millions of cats and dogs are put to death each year because of irresponsible owners and the lack of loving homes in which to place them. Sterilization of your pet will prevent unwanted litters. In addition, did you know, sterilization makes a much better and healthier pet!

Thank you for taking good care of your beloved pet.

**APPLICATION MUST BE SIGNED:**

**DATE:** \_\_\_\_\_

**SIGNATURE OF PET OWNER/CUSTODIAN:** \_\_\_\_\_

**PRINTED NAME OF PET OWNER/CUSTODIAN:** \_\_\_\_\_