ANIMAL WELFARE LEAGUE ----APPLICATION

c/o Kathie Bryant, Spay/Neuter Chairperson – P. O. Box 642, Kilmarnock, VA 22482
(804-462-0996-Kathie Bryant) (804-435-0822-Thrift Shop)

ALL SPAY/NEUTER SERVICES MUST BE PRE-APPROVED BY AWL OR AWL WILL NOT PAY FOR ANY SERVICES

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NOTE: All animals must have received immunization shots, paid by owner, as required by state law and veterinarians.

If any additional expenses apply due to a female in heat or pregnant on the day of surgery, that will be the RESPONSIBILITY OF THE OWNER and not the AWL, unless authorized by the AWL.

OWNER'S NAME:_____email:_____
911 ADDRESS:_____
MAILING ADDRESS:_____
PHONE NUMBER (H)_____(W)_____(Cell_____

How many pets to be sterilized? CATS Male_____Age_____ Female_____Age_____

How many pets to be sterilized? DOGS Male_____Age_____ Female_____Age_____

Cat(s) Names_____Dog(s) Names_____

YOUR COST FOR THE SURGERY (CO-PAYMENT) – PER PET

**** PLEASE INCLUDE YOUR CHECK WITH THIS APPLICATION ****

CATS: Female $40.00 Male $25.00

DOGS: Female $45.00 Male $40.00

CIRCLE VETERINARIAN OF YOUR CHOICE:

Heathsville Animal Hospital	*804-580-5135*	*Kilmarnock Animal Hospital*	*804-435-6320*
Warsaw Animal Clinic	*804-333-3433*	*Fixin' to Save Spay & Neuter Clinic*	*804-694-0349*
		Tri County Animal Hospital	*804-785-9955*

Other Vet_____(not to exceed $200.00 per sterilization)

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

REVISION 1/15/25

INSTRUCTIONS—PLEASE READ CAREFULLY

INITIAL

_____ • **Dogs and cats MUST have current immunization shots. This is the responsibility of the owner and not that of AWL unless authorized by AWL.**

_____ • **If your pet is in heat or pregnant, you will be responsible for any additional fees charged by the Vet.**

_____ • **The age for a cat or dog to be sterilized can vary by Vet. Please check with the Vet of your choice for this information.**

_____ • **After application approval, it is the owner's responsibility to call the Vet and schedule the surgery and to receive pre-surgery instructions. 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 other 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 to place them in. 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 TO BE VALID:

X_____
SIGNATURE OF PET OWNER

X_____
DATE

REVISION 08/15/26