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**
		Kilmarnock Animal Hospital	**(804) 435-6320**
Fixin' to Save Spay & Neuter Clinic	**(804) 694-0349**	**Tri-County Animal Hospital**	**(804) 785-9955**

AUTHORIZATION VALID FOR ONE YEAR

SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS

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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 responsibilithy of the owner unless pre-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: _____

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