HSHC

We don't just place pets. We complete families.

The Humane Society of Harrison County, Inc.

Application for Low Income Spay/Neuter & Immunization Program

Rt 2 Box 932 • Shinnston, WV 26431 • (304) 592-1600

Name: _____ Phone: _____

Address: _____ County: _____

Head of Household's Occupation: _____

Head of Household's Employer: _____

Total Household's Yearly Income: _____ # of People in Household: _____

Are you a senior citizen? _____ # of Pets in Home: _____

Are your other pets spayed/neutered? _____

If no, please explain: _____

Reason for Assistance Request: _____

Pet Information

Name of pet you wish to have spayed/neutered? _____

Description of pet (breed/color): _____

Dog/Cat Male/Female Age: _____ Weight: _____

Where did you get your pet? _____Shelter _____Individual _____Stray

Note: For additional pets, please obtain an additional form or write information on the back of this sheet.

I certify that to the best of my knowledge and belief, the above information is true and complete. I do not hold the Humane Society of Harrison County responsible in any way regarding the medical treatment received as a participant in the spay/neuter immunization program.

_____ _____

Date Signature

Please choose one of the participating veterinarians listed below:

Audubon Animal Clinic	842-4836	_____	Harrison Central Vet*	624-9305	_____
All Pets Animal Clinic	624-5311	_____	Middletown Vet	366-6130	_____
Buckhannon Clinic	472-0323	_____	Phillipi Vet	457-1158	_____
Clarksburg Vet Clinic	623-3545	_____	Babette Simms	842-1145	_____
Dr. Ebert	333-6365	_____	Upshur Vet	472-6575	_____
Fairmont Vet Clinic	363-0930	_____	Weston Vet Hospital	269-3288	_____
Grafton Vet	265-4850		*Current clients only		

You must reside in Harrison County, include proof of household income (WV tax form, SSI, DHHR) and a self-addressed stamped, long envelope. Any application not including these items will be returned!