Mail to: P.O. Box 4397 Clarksburg, WV 26302 or Drop off to: 2450 Saltwell Road Shinnston, WV 26431

Have questions? Call: (304) 592-1600 or Email: info@hshcwv.org

**Harrison County Residents Only**

**SEND PROOF OF INCOME** (SSI statement of monthly benefits, DHHR statement of monthly benefits, Copy of Medical Card, IRS Tax Return with SSN Blacked out) AND SEND A **SELF ADDRESSED STAMPED ENVELOPE** FOR US TO RETURN THE VOUCHER.

**BOTH PAGES OF THE APPLICATION NEED COMPLETED.**

VOUCHERS MISSING ANY INFORMATION OR INCOME PROOF WILL **NOT** BE PROCESSED.

Limited vouchers per month. Only 2 vouchers per family per year.

Household income guidelines:

$15,000/year per household

**Thank you for your understanding of importance of spaying and neutering to control the pet overpopulation crisis.**

**Application for Kindest Cut Voucher**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Household’s Yearly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a Senior Citizen: \_\_\_\_\_\_

# Of people in the Household: \_\_\_\_\_\_\_\_\_\_ # Of dependents claimed: \_\_\_\_\_\_\_\_\_\_\_\_\_

List the names and relationships of persons claimed as dependents on your federal tax return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET INFORMATION**

Pet’s name to have spayed/neutered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female? \_\_\_\_\_\_

Description: Circle: Dog or Cat Color/Description/Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight \_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_

**FINANCIAL INFORMATION**

What is your current yearly net (take-home) income from all sources?

|  |  |
| --- | --- |
| Employer $ | Second job $ |
| Self Employment $ | Food stamps $ |
| Public Assistance $ | Disability $ |
| SSI / Soc Sec $ | Unemployment $ |
| Alimony $ | Pension $ |
| Rental Income $ | Interest $ |
| Dividends $ | Annuities $ |
| Odd Jobs $ | Other (specify) $ |

Yearly Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if your income is $0, the DHHR and Food Stamp info will provide that verification)

# Of Pets in the home: \_\_\_\_\_ Are others spayed/neutered (if not – why?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you get your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ADDITIONAL PETS, PLEASE OBTAIN ANOTHER FORM**

By signing my name on this form, I swear to or affirm (1) the completeness and truthfulness, to the best of my knowledge, of the information I have provided, and (2) my belief that I qualify for assistance through the Humane Society of Harrison County, Inc. to assume the cost of having my pet spayed/neutered at a reduced rate. 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

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of HSHC Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be used within 60 days of this date)

**Voucher only accepted at Audubon Veterinarian in Bridgeport.**