

Trap, Neuter (or spay) & Release of stray or feral cats

**Please make your appointment before applying for this voucher! Voucher is only good for 30 days.**

**Make sure the veterinarian office will accept this voucher.**

**Make sure the animal is old enough to be spayed/neutered.**

**If it is not used in 30 days, you forfeit it to someone else.**

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**

**No proof of income needed but need proof of residency (IE ID, Drivers License, Copy of Utility Bill)**

SEND A **SELF ADDRESSED STAMPED ENVELOPE** FOR US TO RETURN THE VOUCHER.

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

VOUCHERS MISSING ANY INFORMATION WILL **NOT** BE PROCESSED.

Each voucher is only good for 30 days.

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

**Application for TNR Voucher**

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Household’s Yearly Income**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a Senior Citizen: Y / N

**CAT INFORMATION**

**Veterinarians will often not spay or neuter until at least 5 months old.**

Age \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male / Female (if you can tell) Description/Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Did you know that almost all calico and tortoiseshell are female? And most orange are male?*

**COLONY INFORMATION**

Do you feed/care for a colony? Circle One Yes / No Approximate number in colony\_\_\_\_\_\_\_\_\_

How Many Years have you cared for the colony? \_\_ Have any been spayed/neutered? \_\_\_\_\_\_\_

Where is the colony located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please contact your veterinarian to see if they will accept this voucher.**

**Name of Chosen Veterinarian Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.

**If not used in 30 days this voucher will be available for someone else to use.**

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

Signature of HSHC Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be used within 30 days of this date)