



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



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@hshcww.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)