



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

MUST HAVE APPOINTMENT MADE BEFORE APPLYING FOR THE VOUCHER

Harrison County Residents Only

MUST SEND PROOF OF INCOME(S) Federal or State Tax Return with SSN Blacked out - if do not file taxes need IRS determination letter stating that as well as copies of W2s or SSI or DHHR statement of monthly benefits. You can get proof of benefits from SS or DHHR office.

NO BANK STATEMENTS, NO PAY STUBS.

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

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 Fax: 304-592-2391 or Email: info@hshcwg.org

BOTH PAGES OF THE APPLICATION NEED COMPLETED.

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

Each voucher is only good for 60 days. Only 2 vouchers per family per twelve month period.

There will be no reissues. This is why it's important to have appointment made before receiving voucher.

Household income guidelines:

\$28,000 – individual **\$32,000 – 2 persons** **\$36,000 – 3 persons** **\$40,000- 4+ persons**

Application for Low Income Spay/Neuter & Immunization

This voucher is not transferrable to other names or addresses.

Name: _____ Telephone: _____

Address (including city/state/zip): _____

Email Address (if have one): _____

PET INFORMATION

**PLEASE DO NOT APPLY IF YOUR ANIMAL IS UNDER 5 MONTHS OLD
VETERINARIANS IN THIS AREA WILL NOT SPAY/NEUTER UNDER 5 MONTHS OLD**

DATE OF APPOINTMENT (DO NOT APPLY UNLESS IN 60 DAY RANGE) _____

Age _____ Weight _____ Pet's name _____

Circle: Dog / Cat Male / Female Breed / Color _____

FINANCIAL INFORMATION

Yearly HOUSEHOLD Total: _____ (if your income is \$0, SSI or DHHR statement of monthly benefits will provide this)

Where does your income come from: Employment/SSI/Etc _____

Circle: Married / Single

of people in the Household: _____ # Of dependents claimed/children in house: _____

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

Please choose one of the participating veterinarians listed below (check in box):

| | | | |
|-------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------------|
| All Pets (304) 624-5311 | Animal Medical Ctr (304) 292-0126 | Audubon Animal Clinic (304) 842-4836 | BrookValley Vet (304) 296-2916 |
| Cheat Lake (304) 594-1124 | Clarksburg Vet (304) 623-3545 | Fairmont Vet (304) 363-0930 | Grace Animal Hosp (304) 848-2420 |
| Grafton Vet (304) 265-4850 | Harrison Central * (304) 624-9305 | Hickman Run (304) 333-6365 | Mannington Vet (304) 825-1145 |
| Middletown (304) 366-6130 | Mountaineer Vet (304) 296-1667 | Good Hope* (304) 745-3870 | Upshur Vet (304) 472-6575 |
| Weston (304) 269-3288 | Mountain State Vet (304) 825-1145 | | |

***Existing clients only**

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)