

VOUCHER# \_\_\_\_\_ Expires \_\_\_\_\_ (MUST HAVE VOUCHER # TO BE VALID)

Authorized by \_\_\_\_\_

**PETERMAN GRANT**

**APPLICATION FOR MARION COUNTY HUMANE SOCIETY SPAY/NEUTER ASSISTANCE**

2731 Locust Avenue

Fairmont WV 26554

304-366-5391

mchswvpg@gmail.com

Name (print): \_\_\_\_\_ Spouse(print): \_\_\_\_\_

Number of people in the household \_\_\_\_\_

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

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_

Are you receiving State or Federal benefits? Yes or No

If yes, what benefits are you receiving: \_\_\_\_\_

**Please provide a copy of proof of these benefits.**

Is this for TNR or are you providing for a cat colony? \_\_\_\_\_

(ear tip must be done with surgery)

Dog or Cat (circle one) Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Male or Female If Female Pregnant Yes or No

Vaccinations current: Yes or No

If a cat is it: Tame Semi-Feral Feral

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application indicates you are the legal owner or custodian of the above named animal, and the information you provided is correct, and you release MCHS from any liability. This grant will pay for the spay/neuter of your pet, pain meds for surgery, cost of pregnancy or in heat extra charge and a rabies shot only. All other vaccines, antibiotics etc are the owner's responsibility.

**TO BE USED AT SNIP WV ONLY(304-943-7460)**

**If you receive an approved voucher and do not make an appointment within 1 month, without calling and giving a 3 day notice, you will NOT be provided another voucher. If you miss your appointment, the voucher will be voided and you will not receive another.**