

**Wythe-Bland Animal Welfare League (WBAWL)
Spay/Neuter Assistance Application**

Date _____
 Name _____
 Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail Address _____

Household income* (annual \$) _____ (must be below \$30,000 per year to qualify)
 *Household income means the sum of all income earned by everyone in your family unit and residing in your household. WBAWL reserves the right to verify income.

PET INFORMATION

Name	Type (dog or cat)	Gender (M/F)	Age (mo or yr)	Weight (lb)	Rabies Vaccinated?	Spayed or Neutered ?

For which pet(s) are you seeking assistance? _____

PLEASE NOTE: The WBAWL will offer only a portion of the total cost of spay/neuter surgery and must deny services when our limited funds run out. Most vets require that an animal be vaccinated for rabies, distemper and bordatella before surgery. Most spay/neuter clinics require a current rabies vaccination. The WBAWL does not cover the cost of vaccinations. If approved, vet, clinic or clinic transport services must be booked within 48 hours or the WBAWL has the authority to deny all future aid requests.

By signing below you verify that the statements above are factual and are the complete truth. In signing below you agree that the WBAWL bears absolutely no responsibility for complications that may arise with your pet.

Yes, I have read and agree to the above statement.

Signature _____

For consideration, mail this application to:
WBAWL Spay/Neuter Program
P.O. Box 1086
Wytheville, VA 24382 - 8086

If you have questions or need to notify us of any changes, please call **276-613-3695**.