



**New River Humane Society, Inc.**  
**Cat Colony Sterilization Program**  
513 Shelter Road, Fayetteville, WV 25840



**THE NEW RIVER HUMANE SOCIETY IS PARTNERING WITH FAYETTE VETERINARY HOSPITAL TO HELP REDUCE THE OVERPOPULATION OF FERAL AND STRAY CATS IN FAYETTE COUNTY. WE NEED HELP AND SUPPORT FROM COMMUNITY MEMBERS TO TRAP & RETRIEVE CATS TO ACCOMPLISH THIS. *THIS IS NOT A PROGRAM FOR COMPANION PETS!* IF YOU ARE A FAYETTE COUNTY RESIDENT AND SEEKING ASSISTANCE IN SPAYING OR NEUTERING YOUR PET(S), PLEASE CALL 681-823-5014 TO REQUEST AN APPLICATION FOR THE HUMANE SOCIETY'S LOW COST SPAY/NEUTER PROGRAM.**

Upon approval of this application you will receive a voucher by mail or email. This voucher must be presented to **Fayette Veterinary Hospital** at the time of surgery to prevent you from being held responsible for charges. Appointments are preferred at Fayette Veterinary in order to accommodate these procedures. When calling to schedule the appointment, please indicate it is for the CAT COLONY STERILIZATION PROGRAM and that you have been issued a voucher for the cat(s) you will be bringing in.

**Requirements for the Cat Colony Sterilization Program**

- \* Individuals requesting to utilize this program must be a permanent resident of Fayette County WV.
- \* Individuals must be eighteen (18) years of age or older.
- \* Individuals must complete, sign, and date this application, and return by mail to **New River Humane Society, 513 Shelter Road, Fayetteville, WV 25840**, by email to [fcacc@ymail.com](mailto:fcacc@ymail.com) or in person during shelter business hours (Tues-Sat, 11-5).
- \* Donation: This program is **NOT FREE**, and a donation is required. **The expenses the shelter will incur for helping implement this program will be approximately \$60 for each Cat Spay with Rabies Vaccine and \$40 for each Cat Neuter with Rabies Vaccine.** Making this program a permanent part of the assistance we provide our community will be dependent upon donations & financial support. Donations may be Tax-Deductible.

Donation Amount: \_\_\_\_\_

Cash, Credit/Debit, Money Order or Paypal ([www.paypal.me/NewRiverHumaneSocInc](http://www.paypal.me/NewRiverHumaneSocInc)) accepted

- \* Individuals will be responsible for trapping or retrieving community cats to be spayed or neutered, will transport them to and from the vet office, and will return the cat to the area from where it was trapped. Depending on availability, traps owned by the shelter may be loaned out with a \$25 refundable deposit.



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Responsible Individual's Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: WV Zip: \_\_\_\_\_  
 \_\_\_\_\_ Personal Phone: \_\_\_\_\_

**DESCRIPTION OF CAT(S):**

- |              |               |
|--------------|---------------|
| 1. M/F _____ | 6. M/F _____  |
| 2. M/F _____ | 7. M/F _____  |
| 3. M/F _____ | 8. M/F _____  |
| 4. M/F _____ | 9. M/F _____  |
| 5. M/F _____ | 10. M/F _____ |

**Disclaimer from Fayette Veterinary Hospital**

***This program is designed for feral and stray cats, to help with overpopulation. To implement this program we are not following normal hospital protocol and will be reducing the standard of care; therefore we do not recommend this program for companion pets. We are doing this in an effort to decrease the feral/ homeless cat population in Fayette County.***

**Medical Clause**

I, being responsible for the cat(s) described above, have the authority to grant the New River Humane Society, Inc., and it's personnel, my consent to financially assist with the sterilization surgery of the above described cat(s). I further understand that with any surgical procedure, there are risks involved, and the NRHS, nor its personnel, will not be held responsible for any illness, injury, pregnancy, miscarriage, abortion or death as a result of the sterilization surgery of the above described cat(s). This includes, but is not limited to, any infections, diseases, treatments and/or complications before, during or after surgery.

I acknowledge I have read and understand this application fully and will follow all requirements of the Cat Colony Sterilization Program. Failure to do so may result in the denial of my application and/or void any voucher issued to me.

Resp Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Office Use Only***

Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_

Donation Amount: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Date Voucher Issued: \_\_\_\_\_