



SPAY AND NEUTER FINANCIAL ASSISTANCE REQUEST

Email: info@animalwelfareleaguewc.org
Website: www.animalwelfareleaguewc.org
Phone: (919) 750-2798

The Animal Welfare League of Wayne County's spay and neuter financial assistance program is limited to those individuals residing in Wayne County demonstrating financial need and meeting guidelines on AWL's website.

Contact Information

Owner First Name: _____ Owner Last Name: _____

Address: _____

City: _____ State, Zip Code: _____

Phone Number: (____) _____ Email: _____

Financial Need

Please list any public assistance your household receives:

List annual household net (take home) income: _____

List total number of people in your household, including yourself: _____

Please provide any additional information regarding the need for assistance that may help us better evaluate your application.

Pet Information

Name _____ Gender _____ Age _____ Weight _____ Cat _____ Dog _____

List name of current veterinary practice or write NONE: _____

List all vaccines that are up to date: _____

NOTE

The Animal Welfare League of Wayne County (AWL) is a non-profit, volunteer based organization in Wayne County, North Carolina. As limited funds are available, all assistance is done at the sole discretion and approval of the AWL Board of Directors. AWL reserves the right to refuse any request for assistance to any individual for any reason.

I understand this document is a request for assistance. Completion and submission of this document does not constitute a promise of assistance by AWL. I understand that, if approved, any balances owed beyond what AWL approves to contribute is and shall be my responsibility. I understand that, if approved, assistance provided does not in any way constitute any type of responsibility or obligation by AWL to or for my pet.

I attest that all the information is complete and accurate to the best of my knowledge. I understand and acknowledge that by completing and submitting this application I grant permission for AWL and its representatives to verify any information given. It is further understood that willful omission or falsification of information may be grounds for disqualification of this and future requests for assistance.

The screening process may take up to 14 days to complete.

I understand and accept the terms of this request for assistance from AWL.

Signature: _____ Date: _____