



www.cwsnf.org

A 501(c)(3) corporation - EIN 48-1293251

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CONFIDENTIAL APPLICATION FOR SPAY/NEUTER ASSISTANCE

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____ Email: _____

***Your information will not be shared and will not be used for any purpose other than reviewing and approving applications.*

It is the mission of the Central Wyoming Spay & Neuter Foundation to provide education and financial assistance for the spaying or neutering of companion animals located within central Wyoming, Natrona and Converse County. This step is in furtherance of the goal to eliminate pet overpopulation and the ultimate euthanization of unwanted companion animals.

Voucher values range from \$35.00 to \$60.00

CWSNF seeks to approve recipients that meet the definition of low-to-moderate-income guidelines. The 2015 definition of a low to moderate income would be a family of four (4) earning 80% or less of the HUD median family income. **See reverse side of application for family size and income limits. By initialing here, I indicate that I meet the above-prescribed guidelines to receive this assistance.**

** _____	**\$ _____	** _____
**MUST BE COMPLETED AND INITIALED	# in Household	Gross Annual Income (last year)
		Initials

By signing below, your signature indicates that if your application is approved, you accept assistance from the Central Wyoming Spay & Neuter Foundation and hereby agree to have your animal(s) altered within **60 days** from the date of approval at a participating veterinarian. The value of this voucher may only be a portion of the total cost of this procedure and may only be used for the alteration of your animal. If the cost of the procedure is less than the value of the voucher, the remaining funds shall not be used for additional services. You are responsible to the veterinary service provider for all expenses and procedures not covered by your voucher. You acknowledge there is a limit of three issued vouchers per household per year.

I have read and understand the preceding statements and I agree to these terms.

X _____ Date _____

Cat Dog Male Female Small Medium Large Weight _____ lbs.

Pet's Name _____ Breed _____ Color(s) _____

Age of your Pet _____ Veterinary Clinic _____

Disclaimer and Disclosure:

The veterinarian performing the procedure may require you to sign a consent form for the surgery. As in any procedure involving anesthesia, there is some surgical risk of complications. You should ask the veterinarian to explain these risks prior to the surgery. The veterinarian will agree to take all reasonable precautions to protect your pet against any risk, however, neither the veterinarian nor the Central Wyoming Spay & Neuter Foundation will be held responsible in the event of such an occurrence.

Use by C.W.S.N.F. only: Date Received: _____ Date Notified approved: _____ Date Voucher Sent: _____

HUD Income Limits

CWSNF seeks to approve recipients that meet the definition of low to moderate income guidelines. The 2015 definition of a low to moderate income would be those that earn less than 80% of the HUD median family income which equate to the following schedule:

<u>Family Size</u>	<u>80% of Median</u>
1	\$40,550
2	\$46,350
3	\$52,150
4	\$57,900
5	\$62,550
6	\$67,200
7	\$71,800
8	\$76,450