



A 501(c)(3) corporation - EIN 48-1293251
 P.O. Box 1062, Casper, WY 82602
 E-Mail: CWSNF@bresnan.net Voice Mail: (307)265-6110

www.cwsnf.org

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. This step is in furtherance of the goal to eliminate pet overpopulation and the ultimate euthanization of unwanted companion animals.

CWSNF seeks to approve recipients that meet the definition of low-to-moderate-income guidelines. The 2008 definition of a low to moderate income would be a family of four (4) earning 80% or less of the HUD median family income, which equates to \$49,200 annually or less. See reverse side of application for other family size limits. By initialing here, I indicate that I meet the above-prescribed guidelines to receive this assistance.

_____	\$ _____	_____
# in Household	Gross Yearly 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 be only a portion of the total cost of this procedure. You are responsible to the veterinary service provider for all expenses not covered by your voucher. Should you choose to use a veterinarian not participating in our program, you agree to pay the full cost of the procedure directly to that veterinarian. Upon return of the original voucher signed by your veterinarian, the Central Wyoming Spay & Neuter Foundation will reimburse your veterinarian within thirty (30) days for the value of the voucher. **I have read and understand the preceding statements and I agree to these terms.**

 Signature Date

Cat or Dog: _____ Male or Female: _____ Small/Med/Large: _____ Approx. lbs. _____
 Name: _____ Breed: _____ Color: _____
 Veterinary Clinic you choose to use: _____ (must specify)

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: _____

2009 HUD Income Limits

CWSNF seeks to approve recipients that meet the definition of low to moderate income guidelines. The 2009 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	\$35,800
2	\$40,900
3	\$46,000
4	\$51,100
5	\$55,200
6	\$59,300
7	\$63,400
8	\$67,500