



**Animal
Welfare
League**

PO Box 1834 Gunnison CO 81230
970.641.1173 www.gvawl.org

**Spay/Neuter Assistance
Application**

Thank you for spaying/neutering your companion animal. Your pet will be healthier, and you will know that you have prevented the suffering of many future generations of unwanted dogs or cats. After you complete this form, please seal it, stamp it, and mail.

Please note that the certificate is accepted by all Gunnison Valley veterinarians. We request that you take your animal to a local veterinary clinic. Because of funding sources, preference is given to residents of Gunnison County.

You will be notified by mail as to whether or not GVAWL can provide you with assistance at this time. GVAWL will make final determination on the basis of (1) funds available to GVAWL at the time of application and (2) the information you provide to us on this form. GVAWL reserves the right to deny assistance based on lack of funding or an incomplete application.

Please print. All information will remain confidential.

First Name	Last Name		
Mailing Address	City	State	Zip
Phone	Alternate Phone		
E-mail address (optional)			

Residence is within city limits Residence is not within city limits Don't know

I am applying for: Cat Neuter Cat Spay Dog Neuter Dog Spay

Date of pet's last litter _____

Veterinarian Who Will Do the Procedure _____

GVAWL Use Only: Denied __ Approved __ Certificate Number _____ Date Mailed _____ Init _____