



## REIMBURSEMENT FOR SPAY/ NEUTER

LIMITED TO 2 PETS (DOGS & CATS ONLY) PER HOUSEHOLD PER YEAR

**PLEASE PROVIDE COPIES OF:**

**CHECK AFTER VERIFYING**

\*\*RECEIPT/INVOICE FOR SPAY/NEUTER SURGERY

\_\_\_\_\_

\*\*PROOF OF GALAX RESIDENCY (UTILITY, WATER OR TAX BILL)

\_\_\_\_\_

\*\*CITY OF GALAX ANIMAL LICENSE

\_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

COST OF SPAY/NEUTER SURGERY: \$ \_\_\_\_\_

MAIL THIS FORM ALONG WITH COPIES OF THE DOCUMENTS NOTED ABOVE TO:

TWIN COUNTY HUMANE SOCIETY, INC.

PO BOX 125

HILLSVILLE, VA 24343