



**West Virginia Spay Neuter Program**

**Low-Income Restricted Program**

**Owner/Caretaker Certification**

I, \_\_\_\_\_, the undersigned, of physical address \_\_\_\_\_  
\_\_\_\_\_, of \_\_\_\_\_

County, West Virginia, do hereby swear or affirm the following:

1. I am currently receiving assistance from the following state and federal public assistance programs (check all that apply):

- The Supplemental Nutrition Assistance Program (SNAP)
- Medicaid; Supplemental Security Income (SSI)
- The West Virginia Low Income Energy Assistance Program (LIEAP)
- Social Security Disability
- Temporary Assistance for Needy Families (TANF)
- Aid to Families with Dependent Children (AFDC)
- Children's Health Insurance Program (CHIP)
- Low Income Veterans Assistance under 38 U.S.C. § 2044

2. I am the owner or caretaker of the following animals:

\_\_\_\_\_ (name) dog/cat (circle one)  
\_\_\_\_\_ (name) dog/cat (circle one)  
\_\_\_\_\_ (name) dog/cat (circle one)  
\_\_\_\_\_ (name) dog/cat (circle one)

3. I am making this certification for the purpose of obtaining a free spay or neuter procedure for the above animal. I understand I will not be charged any fees or solicited for a donation.

4. I understand that West Virginia Spay Neuter Program (WVSNP) grantees are not agents or representatives of the West Virginia Department of Agriculture.

5. I understand that WVSNP grantees offering a Low-Income Restricted Program have a duty to provide free spay neuter services to eligible owners or caretakers, if funding is available, up to the maximum number of animals per owner or caretaker.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please contact the West Virginia Department of Agriculture at  
1-304-538-2397 with any questions or complaints.