



*Twin County*  *Humane Society*

**REIMBURSEMENT FOR SPAYING OR NEUTERING PETS**

**PLEASE PROVIDE COPIES OF:**

**CHECK AFTER VERIFYING**

- \*\*INVOICE FOR SPAY OR NEUTER SURGERY \_\_\_\_\_
- \*\*PROOF OF CARROLL COUNTY RESIDENCY (UTILITY OR WATER OR TAX BILL) \_\_\_\_\_
- \*\*ANIMAL LICENSE (DOGS ONLY) \_\_\_\_\_
- \*\*RABIES VACCINATION CERTIFICATE \_\_\_\_\_
- \*\*PROOF OF PAYMENT OF ALL REAL ESTATE AND/OR PERSONAL PROPERTY TAXES \_\_\_\_\_

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

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

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

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

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

**COST OF PROCEDURE:**     \$ \_\_\_\_\_

**(COUNTY OF CARROLL/TWIN COUNTY HUMANE SOCIETY WILL PAY 100% OF COST)**

**REIMBURSEMENT AMOUNT:** \$ \_\_\_\_\_

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

**TWIN COUNTY HUMANE SOCIETY, INC.  
ATTEN: SHARON WENTZEL  
PO BOX 125  
HILLSVILLE, VA 24343**