

SUN P.E.T.S. Spay Application

Currently sponsoring Female Dogs or Cats only

Applicant Information

This is a fill-in form. After Completion, print and mail to SUNPETS, PO Box 64, Lewisburg, PA 17837 OR save & email to info@sunpets.org.

| | | |
|----------------------------|--|---------------------|
| Name (must be pet's owner) | | Date of Application |
| Street Address | City and State | Zip Code |
| Phone Number | Your County (Other Counties may NOT apply) <input type="checkbox"/> Snyder <input type="checkbox"/> Union <input type="checkbox"/> Northumberland | |
| Email Address | | |

LIMIT OF THREE PETS PER APPLICATION. YOU MUST BE THE REGISTERED OWNER.

| Dog or Cat | Female only | Pet's Name | Pet's Description (Breed, Color) | Dog's Weight (Approx) |
|------------|-------------|------------|----------------------------------|-----------------------|
| 1. | Female | | | |
| 2. | Female | | | |
| 3. | Female | | | |

Veterinary Options

SUN P.E.T.S. only works with select veterinary offices in our area.

| | | |
|-------------------------------|-----------------|--------------|
| BECKONING CAT PROJECT | WILLIAMSPORT PA | 570-505-1473 |
| COMPANION ANIMAL HOSPITAL | SELINGROVE PA | 570-374-2247 |
| LEWISBURG VETERINARY HOSPITAL | LEWISBURG PA | 570-523-3640 |
| MIDDLEBURG VETERINARY SERVICE | MIDDLEBURG PA | 570-837-1212 |
| MIFFLINBURG VETERINARY CLINIC | MIFFLINBURG PA | 570-966-7387 |
| NO NONSENSE NEUTERING | MAHANOEY CITY | 866-820-2510 |
| SUNBURY ANIMAL HOSPITAL | SUNBURY PA | 570-286-5131 |

Verification of Eligibility

SUN P.E.T.S. provides assistance for Spay services to low income households in Snyder, Union or Northumberland Counties in PA. We define low income households as having a total gross income for all members of the household combined of under \$35,000.00.

1. My household gross income is: \$ _____
2. Attach proof of **gross income** for **each** member in your household.
(Pay stubs, W-2's, tax return, social security, disability, unemployment, child support, alimony, etc.)
3. If you claim "**no income**", provide written explanation of how you support yourself.
4. Mail this form and proof of income to:

SUN P.E.T.S., Inc., P.O. Box 64, Lewisburg, PA 17837

Other Instructions

- If approved, you will receive a voucher in the mail for each pet. Take it with you to your vet appointment.
- **IMPORTANT** - The voucher will pay **ONLY** a **portion** of the bill. You must pay all other costs associated with your visit. Ask your chosen vet to prepare an estimate of the costs that are your responsibility.
- Each voucher has an expiration date, which cannot be extended. If expired, you will need to re-apply.
- Your veterinarian reserves the right to revoke SUN P.E.T.S. approval for any reason.

I understand that SUN P.E.T.S. involvement is limited to providing funds for the spaying of dogs and cats. By my signature, I release SUN P.E.T.S. of all liability resulting from this surgery. I also agree to pay any additional expenses incurred by this procedure to my chosen veterinary practice.

Signature: _____

Date: _____

Questions? Call 1-570-523-1135 and leave a message.