



# SUN P.E.T.S.

## Prevent Excess Through Sterilization

Name	
Address	
City, State, Zip Code	
Phone Number	
Email	

Preferred method of contact Text \_\_\_\_\_ Voice Call \_\_\_\_\_ Email \_\_\_\_\_

DOG OR CAT	NAME	GENDER	AGE	BREED	COLOR	VACCINES CURRENT?

### VERIFICATION OF ELIGIBILITY IS REQUIRED WITH ALL APPLICANTS

SUN P.E.T.S. provides assistance 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. Email completed application to spayneuterbus@gmail.com or mail to PO Box 64 Lewisburg, PA 17837

I understand that SUN P.E.T.S. involvement is providing funds for those who qualify for assistance and scheduling. By my signature, I release SUN P.E.T.S., its members and representatives of any and all liability resulting from transportation to the clinic and this surgery. I also agree to pay any additional expenses incurred by this procedure to my chosen veterinary practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_