

2018

Low Cost Spay & Neuter Bus

SUN P.E.T.S. will be hosting the Spay/Neuter Bus from the **Allegheny Spay and Neuter Clinic**

April 26, May 21, June 18 and July 23

Low cost spay and neuter trip to the clinic for **ALL BREEDS**

MALE AND FEMALE DOGS

MALE CATS Only



COST

\$125 for dogs

\$50 for male cats

Rabies vaccination included

EVERYONE IS WELCOME TO APPLY REGARDLESS OF INCOME

Financial Assistance available

Pick Up and Drop Off Location: To be announced

For more information or to get an application please email

spayneuterbus@gmail.com or visit sunpets.org to download an application.

If you do not have internet access please call 570-523-1135

SPACE IS LIMITED APPLY EARLY



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	BREED	GENDER	AGE	COLOR & Weight	VACCINES

The fee for dogs is \$125 for all breeds and all sizes with no income limits. **Everyone is welcome to apply regardless of income.** Financial assistance is available for canine owners who qualify.

No financial assistance is available for cats. The cat fee is \$50. MALE cats ONLY

DO YOU REQUIRE FINANCIAL ASSISTANCE? Yes _____ No _____

VERIFICATION OF ELIGIBILITY FOR THOSE REQUESTING FIANCIAL ASSISTANCE

(NO PROOF REQUIRED IF NOT REQUESTING FINANCIAL ASSISTANCE)

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 _____