

# SUN P.E.T.S. Spay Application

Currently sponsoring **Female** Dogs or Cats only

## Applicant Information

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 PA	866-820-2510
PENNSYLVANIA SPCA	DANVILLE PA	570-275-0340
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 (570) 523-1135 and leave a message.**