

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

Currently sponsoring Male or Female Dogs or Cats

## 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](mailto: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	Male / Female	Pet's Name	Pet's Description (Breed, Color)	Dog's Weight (Approx)
1.				
2.				
3.				

## Veterinary Options

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

<b>BECKONING CAT PROJECT</b>	WILLIAMSPORT PA	570-505-1473	<b>NO NONSENSE NEUTERING</b>	MAHANAY CITY	866-820-2510
<b>COMPANION ANIMAL HOSPITAL</b>	SELINGSGROVE PA	570-374-2247	<b>PSPCA</b>	DANVILLE PA	570-275-0340
<b>LEWISBURG VETERINARY HOSPITAL</b>	LEWISBURG PA	570-523-3640	<b>SUNBURY ANIMAL HOSPITAL</b>	SUNBURY PA	570-286-5131
<b>MIFFLINBURG VETERINARY CLINIC</b>	MIFFLINBURG PA	570-966-7387	<b>WOLF RUN VETERINARY CLINIC</b>	MUNCY PA	570-546-7624

## Verification of Eligibility

SUN P.E.T.S. provides assistance for Spay/Neuter 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/neutering 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: \_\_\_\_\_