

SUN P.E.T.S., Inc.
Prevent Excess Through Sterilization
2021 Spay/Neuter Bus Application

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| Owner's Name <i>(Must Live in Snyder, Union or Northumberland County)</i> | |
| Address | |
| City, State Zip | |
| Phone Number (Cell if Available) | |
| Email Address | |

Preferred method of contact Text _____ Voice Call _____ Email _____

| Dog or Cat | Pet's Name | Breed | Gender | Age | Color | Weight |
|------------|------------|-------|--------|-----|-------|--------|
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The fee for male dogs is \$125. The fee for female dogs is \$150.

- for all breeds, all sizes.
- No income limits. Everyone is welcome to apply regardless of income.
- Financial assistance is available for owners who qualify. (See Verification of Eligibility below)

The fee for male cats is \$75. The fee for female cats is \$100.

- **FEMALE CATS ARE ONLY ACCEPTED ON BUSES MARKED "ALL CAT".**

If you cancel within 48 hours of the bus or do not show up at the bus, you will only receive a 50% refund.

DO YOU REQUIRE FINANCIAL ASSISTANCE? Yes _____ No _____

If No, stop here and sign and date this form. If Yes, complete the Eligibility section and sign and date the form.

VERIFICATION OF ELIGIBILITY FOR THOSE REQUESTING FINANCIAL 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.

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.

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 _____