

SUN P.E.T.S., Inc.

Prevent Excess Through Sterilization

This is a fill-in form.

After you have filled it in, either

1. Print the form and mail it to: SUNPETS, INC, PO BOX 64, LEWISBURG PA 17837
2. Save the completed form and email it to: spayneuterbus@gmail.com

Owner's Name	
Address	
City, ST Zip	
Phone Number	
Email address	

Preferred method of contact Text _____ Voice Call _____ Email _____

Dog or Cat	Pet's Name	Breed	Gender	Age	Color	Weight	Vaccines

The fee for dogs is \$125.00

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

The fee for cats is \$50.00

- No financial assistance is available for cats.
- **MALE cats ONLY**

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 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.

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 _____