

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

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	Male or 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.

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	MAHANOY CITY PA	866-820-2510
PENNSYLVANIA SPCA	DANVILLE PA	570-293-9200
SUNBURY ANIMAL HOSPITAL	SUNBURY PA	570-286-5131

Verification of Eligibility

SUN P.E.T.S. provides assistance for Spay or 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 pays **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. 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 and 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: _____

Questions? Call (570) 523-1135 and leave a message.

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