## PA. P.E.T.S.

## (<u>P</u>REVENT <u>E</u>XCESS <u>T</u>HROUGH <u>S</u>TERILIZATION) 203 EAST FIFTH STREET, BLOOMSBURG, PA 17815 PA. PETS LOW INCOME SPAY NEUTER APPLICATION

This Program is available to Columbia/Montour Residents.

**Instructions:** 

- 1. Fill out this form.
- 2. Enclose proof of income for <u>ALL</u> HOUSEHOLD MEMBERS.

(Copy of pay stubs, W2s, Tax Returns, or SSI statements, etc.)

- 3. Enclose co-payment (money order or cash only, checks will not be accepted)
- 4. Mail this form with proof of income along with your money order payable to "PA. P.E.T.S.," or pay with money order or cash at the PA. P.E.T.S. Store, 203 E. Fifth St., Bloomsburg, PA 17815 between the hours of 9:00 AM and 4:30 PM on Wednesday, Thursday, Friday, & Saturday.

## DO NOT MAKE YOUR VET APPOINTMENT UNTIL PA PETS CALLS YOU!

Owner	Pho					
Address	City					
Pet's Name	Dog	Cat	Female	Male		
Has animal had shots? Pet's	AgePet's V	Weight	Is pet	pregnant?		
Current Veterinarian?	Non	ıe				
Veterinarian choices: No Preference	or one of the fol	lowing:				
North Berwick Animal Hospital l	Leighow Vet Hospital	_Animal Car	e Center	_Bloomsburg	Vet	
TO BE FILLED OUT BY PA. I Amt. Paid \$ Grantee Representative Issuing Date Application to Vet. (Date) Your co-pay is based on Total House oottom of the first page of your income	g AuthorizationSurgeryusehold Adjusted Gro	y to be done oss income p	by (Vet.) per year fou	ınd on the l	ast line at the	
REMEMBER TO MAIL PROOF	OF INCOME AND	COPAYME	ENT WITH	YOUR API	PLICATION!	
\$1	ncome up to \$10,000 10,000 - \$20,000 20,000 - \$30,000	- you pay	, \$10 per an	imal		
PA PETS will be responsible for the veterinarian (e.g. shots), will be mong veterinarians. A representation the application is received. Place any questions, please call (570)	e the <u>OWNER'S</u> resp ative from PA P.E.T.S lease note that this co	ponsibility. S. will be in	Be advised touch with	that these c you within	harges can vary one or two weeks	
Owner's Signature			Da	te		
Revised 10/01/2018						