

PA P.E.T.S. LOW INCOME SPAY and NEUTER PROGRAM FOR PETS

Available to Columbia and Montour County residents only

Instructions:

1. Complete this form
2. Enclose proof of income for ALL 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 application, including proof of income and money order payable to "PA. P.E.T.S.", or drop off application with money order or cash at the PA. P.E.T.S. Store, 203 E. Fifth St., Bloomsburg, PA 17815. Store hours Tuesday-Friday 9am-5pm, Saturday 9am-4pm.

Owner _____ Phone (home & cell) _____

Address _____ City/State/Zip _____

Pet's Name _____ Dog _____ Cat _____ Male _____ Female _____

Has animal had shots? _____ Pet's Age _____ Pet's Weight _____ Is pet pregnant? _____

Current Veterinarian? _____ None _____

Veterinarian choices: No Preference _____, or one of the following: Caring Hands (*formerly Leighow Vet Hospital*) _____,

Animal Care Center _____

PA P.E.T.S. will be responsible for spay/neuter fee. Please call (570) 784-3698 with any questions. Certificate valid for 45 days once volunteer contacts you.

DO NOT MAKE YOUR VET APPOINTMENT; A VOLUNTEER WILL CONTACT YOU WHEN APPOINTMENT IS AVAILABLE.

Your copayment is based on Total Household Adjusted Gross income per year found on last line at bottom of first page of your income tax return.

_____	Income up to \$10,000	- you pay \$ 5 per animal
_____	\$10,000 - \$20,000	- you pay \$10 per animal
_____	\$20,000 - \$30,000	- you pay \$15 per animal

REMEMBER TO MAIL PROOF OF INCOME AND COPAYMENT WITH YOUR APPLICATION!

Waiver & Release

In consideration for PA P.E.T.S. providing you with assistance in obtaining spay/neuter services, it is agreed that you waive and release any claim that you, your dependents, heirs or assigns have or may have in the future against PA P.E.T.S. (and its volunteers, officers and directors) for personal injuries or other damages that is in any way related to those spay/neuter services.

Owner's Signature _____ Date _____

TO BE COMPLETED BY PA P.E.T.S. REPRESENTATIVE:

Amt. Paid \$ _____

Grantee Representative Issuing Authorization _____ Date _____

Application to Vet (Date) _____ Surgery to be done by (Vet) _____