

PA P.E.T.S. LOW INCOME SPAY/NEUTER APPLICATION

This Program is available to Columbia/Montour residents only

Instructions:

1. Fill out 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 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. Store hours Tuesday- Friday 9am-5pm, Saturday 9am-4pm.

Owner _____ Phone (home & cell) _____

Address _____ City/State/Zip _____

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

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: Leighow Vet Hospital _____ Animal Care Center _____

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

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) _____

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

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

_____ 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

PA P.E.T.S. will be responsible for the entire spay/neuter fee; however, any additional charges provided by the veterinarian (e.g. shots), will be the OWNER'S responsibility. Be advised that these charges can vary among veterinarians. A representative from PA P.E.T.S. will be in touch with you within one or two weeks after the application is received. Please note this certificate is only good for 45 days. Please call (570) 784-5520 with any questions.

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 _____