

**“SPAY DAYS IN CENTRAL PA”
APPLICATION FOR PARTICIPATION**

SPAY DAYS IN CENTRAL PA is a low-cost spay/neuter program offered by the Central Pennsylvania Humane Society. The program is designed to offer some financial support for loving, responsible pet owners who are not financially able to afford the entire cost of surgery. If you feel that you are in such a low-income bracket and think you might be eligible for assistance, please fill out the information requested below and mail it to:

**CPHS SPAY DAYS
PO BOX 674
HOLLIDAYSBURG PA 16648**

Please note: Completion of this application does not ensure eligibility for participation. Please fill out one application per pet and send together.

Each application will be followed up with a telephone interview. If you are approved we will issue a Spay Days Certificate and schedule your pet for spay/neuter surgery. Please allow at least four weeks for your application to be processed. **Certificates will be issued as funds are available.** It is essential to the continuation of our program that those receiving certificates could otherwise not afford to have their pet spayed or neutered. CPHS reserves the right to suspend and/or discontinue this program at any time due to a lack of funding. Thank you.

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|-----------------------|----------|--|
| A. Female Canine Spay | \$100.00 | (all surgery prices includes Rabies vaccination) |
| B. Female Feline Spay | \$ 60.00 | |
| C. Male Canine Neuter | \$ 85.00 | |
| D. Male Feline Neuter | \$ 45.00 | |

Name: _____ **Date** _____

Mailing Address: _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Please explain why you feel you are eligible to participate in this program that is designed to target low-income pet owners.

Type of Pet: _____ Cat _____ Dog _____ Male _____ Female Age _____ Weight _____

Breed: _____ Did you adopt this pet from the Central PA Humane Society? _____ Yes _____ No

Is your pet an established client with a veterinarian? _____ Yes _____ No Name of Vet _____

Date of last visit to veterinarian _____. Please list the vaccinations and the dates they were received on the back of this page. Is your pet current on rabies and distemper vaccinations and bordetella? _____ Yes _____ No

Please describe any health problems of your pet _____

Does your pet run loose or come in contact with animals other than your own? _____ Yes _____ No

Is this a stray cat that you will have to capture in order to transport? _____ Yes _____ No

Do you have other pets in need of spay/neuter surgery? _____ Yes _____ No

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CPHS USE ONLY SCHEDULE: I DATE: _____ CERT # _____ VET: _____ CAT: _____