

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

For male or female dogs and cats

Use this form to apply for financial assistance through our voucher program. **After completion, mail to SUN P.E.T.S., PO Box 64, Lewisburg, PA 17837 with your gross income proof.**

Your Information

Today's Date: _____ Your County: ___ Northumberland ___ Snyder ___ Union (Other counties are NOT eligible.)

Name (Must be the pet's owner): _____

Street Address, City, State, & Zip: _____

Phone Number: _____ Email Address: _____

Pet Information

Limit 3 pets per application. You must be the registered owner.

Dog or Cat	Male / Female	Pet's Name	Pet's Description (Breed, Color)	Dog's Weight (Approx)
1.				
2.				
3.				

Participating Veterinary Practices

SUN P.E.T.S. works with select veterinary practices in our area. Your options are shown below.

Companion Animal Hospital	Selinsgrove	570-374-2247	PSPCA	Danville	570-293-9200
Lewisburg Veterinary Hospital	Lewisburg	570-523-3640	Sunbury Animal Hospital	Sunbury	570-286-5131
Low Cost Essential Veterinary Services	Selinsgrove	Lcevs25@gmail.com	Wolf Run Veterinary Clinic	Muncy	570-546-7624

Verification of Eligibility

SUN P.E.T.S. provides financial assistance for spay/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 to be under \$40,000.**

1. My household gross income is: \$ _____
2. Attach proof of **gross income** for **each** member in your household.
(Pay stubs, W-2's, tax returns, Social Security, disability, unemployment, child support, alimony, etc.)
3. If you claim "No Income", provide a written explanation of how you support yourself.
4. Mail this form and proof of income to SUN P.E.T.S., P.O. Box 64, Lewisburg, PA 17837.

Important Information

- If approved, you will receive a mailed postcard from us letting you know and giving further instructions.
- **Your voucher will ONLY pay for a portion of the surgery cost. You must pay all other costs associated with your appointment. Ask your chosen vet to prepare an estimate of the costs that are your responsibility.**
- Your approved application is only good for 6 months and can't be extended. If it expires, you will need to reapply.
- 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/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 as a result of this procedure to my chosen veterinary practice.

Your Signature: _____

Date: _____