SUN P.E.T.S. 2025 Spay/Neuter Bus Application

You must live in Snyder, Union, or Northumberland county to take part in our program.

Owner's Name						
Address City, State Zip Phone Number (Cell if Available)						
Email Address						
Preferred method	d of contact: Text	Phone Call	Email			
Dog or Cat	Pet's Name	Breed	Gender	Age	Color	Weight
No incomFinancialIf you car Do you require financial	assistance is availab ncel within 48 hours nancial assistance? , sign below, and dat Verificatio	welcome to apply relefor owners who questions of the bus or do not	complete the Eligibi	on of Eligil s, you will lity section ancial Ass	only receive a n, sign below, a istance	
	des financial assistar	nce to low-income h	requesting financial ouseholds in Snyder, income for all memb	Union or I	Northumberlan	
1. My house	ehold gross income i	s: \$				
disability,	, unemployment, chi	ld support, alimony,	your household. (Pa etc.) tion of how you sup			, social security,
signature I release	e SUN P.E.T.S., its me	mbers and represer	nds for those who qualitatives of any and all all expenses incurred	l liability re	esulting from tr	ansportation to
Signature			Date			

Questions? Call 570-523-1135 or email spayneuterbus@gmail.com.

Revised 6/9/25