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 Z	lip					
-	ber (Cell if Available)					
Email Addre						
Preferred me	thod of contact: Text	Phone Call	_ Email_			
Dog or Cat	Pet's Name	Breed (Dogs Only)	Gender	Age	Color	Weight (Dogs Only)
		, , , , , , , , , , , , , , , , , , , ,		<u> </u>		
• If you Do you requir	a cancel within 48 houre financial assistance?	Yes No	show up at — omplete th	the bu se	s, you will only	y receive a 50% refund. gn below, and date this form.
Verification Of Eligibility For Those Requesting Financial Assistance (No proof required if not requesting financial assistance)						
•	rovides financial assist	ance to low-income hou	seholds in	Snyder,	Union or Nort	thumberland counties in PA. usehold combined to be
1. My combined yearly household gross income is: \$						
2. Attach proof of gross income for each member in your household. (Pay stubs, W-2's, tax return, social security, disability, unemployment, child support, alimony, etc.)						
3. If you claim "no income", please provide written explanation of how you support yourself.						
signature I re	lease SUN P.E.T.S., its n	nembers and representa	tives of an	y and al	l liability resul	cance and scheduling. By my ting from transportation to edure to my chosen veterinary
Signature <u></u>				Date		
Questions? Ca	all 570-523-1135 or en	nail spayneuterbus@gm	ail.com.		Rev	vised 11/22/25