



Low-Cost Spay/Neuter Program Application

All information is strictly confidential.

For incomes under \$42,000 net per year, proof of household income must be sent with application. A representative will contact you to schedule your appointment; time is dependent on number of applications received.

Name _____

Address _____

City, State, Zip, _____

Home Phone _____ Can you be reached here in the day? Yes No

Other Phone _____ Can we call you here? Yes No

All questions on this application must be completed to process.

Current monthly household income total (include proof and write amount here) \$ _____

How many in your household? _____ total Adults _____ Children _____

How many pets do you own? _____ total Dogs _____ Cats _____ Other _____

Are they spayed or neutered? _____

Complete this section for each animal that you are applying to spay/neuter.

Dog Cat Male Female Indoor Outdoor Feral (untamed)

Pet's Name _____ Age _____ Weight _____

Breed _____ Coat: Color _____ Short Long

Date of last heat _____ Pregnant Has had a litter. If so, when? _____

Easy to handle Difficult to handle On medication. If so, type/dosage _____

Where did you get your pet? _____

Has your pet been vaccinated? Rabies: Yes No Distemper: Yes No

When? _____ Where? _____

Who is your regular vet? _____

Have you used our program before? Yes No If yes, when? _____

How did you hear about our program? _____

Complete and MAIL the application with ALL required proof of income to:

Fayette SPCA Low-Cost Spay/Neuter Program
Partnered with Animal Friends
215 Rankin Airshaft Road
Uniontown, PA 15401

If you have any questions, please call us: 724-438-3121

Fayette SPCA * Making a Difference ... One Pet at a Time
215 Rankin Airshaft Road | Uniontown, PA 15401
724.438.3121 | www.fayettespca.com



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