

**"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 | \$ 120.00 | (all surgery prices includes Rabies vaccination) |
| B. Female Feline Spay | \$ 60.00  |  |
| C. Male Canine Neuter | \$ 100.00 |  |
| 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.

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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: \_\_\_\_\_