

SUN P.E.T.S. 2026 Spay/Neuter Bus Application

You must live in Snyder, Union, or Northumberland county to take part in our program. Mail your completed application to SUN P.E.T.S., PO Box 64, Lewisburg, PA 17837.

Owner's Name	
Address	
City, State Zip	
Phone Number (Cell if Available)	
Email Address	

Preferred method of contact: Text _____ Phone Call _____ Email _____

Dog or Cat	Pet's Name	Breed (Dogs Only)	Gender	Age	Color	Weight (Dogs Only)

Fees: Female Cat \$100 / Male Cat \$75 / Female Dog \$150 / Male Dog \$125

- All breeds and sizes are accepted.
- No income limits. Everyone is welcome to apply regardless of income.
- Financial assistance is available for owners who qualify. (See Verification of Eligibility below)
- **If you cancel within 48 hours of the bus or do not show up at the bus, you will only receive a 50% refund.**

Do you require financial assistance? Yes _____ No _____

If "No", stop here, sign below, and date this form. If "Yes", complete the Eligibility section, sign below, and date this form.

Verification Of Eligibility For Those Requesting Financial Assistance

(No proof required if not requesting financial assistance)

SUN P.E.T.S. provides financial assistance 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 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.) **You must mail your proof of income with this form.**
3. If you claim "no income", please provide written explanation of how you support yourself.

I understand that SUN P.E.T.S. involvement is providing funds for those who qualify for assistance and scheduling. By my signature I release SUN P.E.T.S., its members and representatives of any and all liability resulting from transportation to the clinic and this surgery. I also agree to pay any additional expenses incurred by this procedure to my chosen veterinary practice.

Signature _____

Date _____

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

Revised 2/21/26