

**MONROE ANIMAL LEAGUE (MAL)  
SPAY/NEUTER APPLICATION  
FERAL CATS ONLY**

P. O. BOX 23, STROUDSBURG PA 18360    PHONE: 570-421-7775

EMAIL: [MONROEANIMALLEAGUE@GMAIL.COM](mailto:MONROEANIMALLEAGUE@GMAIL.COM)

**\*\* THE VOUCHER IS GOOD FOR 90 DAYS FROM THE APPROVAL DATE; AFTERWARDS MONEY PAID TO MAL WILL BE RETAINED AS A DONATION.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID**

**MAKE AN APPOINTMENT:** Please make an appointment and check mark the location of your choice. Must have an appointment/must be feral and in a trap, not a pet carrier. We will send a voucher directly to that facility:

\_\_\_\_\_ AWSOM Wellness Center in Stroudsburg at: 570-424-1060

\_\_\_\_\_ Creature Comforts Vet Service in Saylorsburg at: 570-992-0400

\_\_\_\_\_ EPAA- MT. POCONO: email them at [epaaonline@gmail.com](mailto:epaaonline@gmail.com) or schedule online at: [www.epaaonline.org](http://www.epaaonline.org)

**ENCLOSE YOUR CHECK PAYABLE TO:** Monroe Animal League

**MAIL TO:** Monroe Animal League, PO Box 23, Stroudsburg PA 18360

**NUMBER OF FERAL CATS TO SPAY/NEUTER:** \_\_\_\_\_

PER CAT: \$20.00/each

TOTAL ENCLOSED: \_\_\_\_\_

**PLEASE READ CAREFULLY:** I understand that by signing this application I attest under penalty of law, that I am a resident of Monroe County, PA and that the cat(s) are not my pets, either indoor or outdoor, but are free-roaming and feral.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date sent to Vet: \_\_\_\_\_ Voucher #: \_\_\_\_\_

Payment Type: \_\_\_\_\_ check no. \_\_\_\_\_ cash

Date Vet Bill Paid: \_\_\_\_\_

**MONROE ANIMAL LEAGUE (MAL)**  
**SPAY/NEUTER APPLICATION**  
**FERAL CATS ONLY**  
**ADDITIONAL VOUCHERS PURCHASED**

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