

MONROE ANIMAL LEAGUE
DOMESTIC SPAY/NEUTER APPLICATION

Date: _____

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

EMAIL: 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: _____
Mailing Address: _____ Email: _____
City: _____ State: _____ Zip: _____

WE REQUIRE THE FOLLOWING FINANCIAL INFORMATION: A copy of any of the following will serve as proof of need: Medicaid, DHS Statement, Food Stamps, Supplemental Security Income (SSI), LIHEAP, PACE, W2 Statements, or your Federal Income Tax Return.

PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID

Please check mark the location of your choice. We will send a voucher directly to that facility upon approval of your application:

_____ AWSOM Wellness Center in Stroudsburg at: 570-424-1060 (cats only)

_____ EPAA MT. POCONO: email them at epaaonline@gmail.com or schedule online at: www.epaaonline.org (cats only)

_____ Creature Comforts Vet Service in Saylorsburg at: 570-992-0400 (dogs and cats)

First Pet (check one): Female Cat _____ Male Cat _____ Female Dog _____ Male Dog _____

Pet's Name: _____ Age: years _____ months _____ Breed _____

Current Rabies Vaccination Yes _____ No _____ Dog License # _____ (Mandatory in PA)

Second Pet (check one): Female Cat _____ Male Cat _____ Female Dog _____ Male Dog _____

Pet's Name: _____ Age: years _____ months _____ Breed _____

Current Rabies Vaccination Yes _____ No _____ Dog License # _____ (Mandatory in PA)

VOUCHER FEE: \$30 per cat, \$50 per dog

PLEASE MAKE CHECKS PAYABLE TO: Monroe Animal League **TOTAL AMOUNT DUE:** _____

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. Any Veterinary charges beyond those for spay/neuter surgery are your responsibility. Please discuss these charges with your vet prior to making an appointment.

Print Name: _____ Date: _____

Signature: _____

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FOR OFFICE USE ONLY

Date of Approval: _____ Date sent to Vet: _____ Voucher #: _____

Payment Type: _____ check no. _____ cash

Date Vet Bill Paid: _____