

**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

** 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:

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

_____ EPAA- MT. POCONO: email them at epaaonline@gmail.com or schedule online at: 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: _____

FOR OFFICE USE ONLY

Date Received: _____ Date sent to Vet: _____ Voucher #: _____

Payment Type: _____ check no. _____ cash

Date Vet Bill Paid: _____

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ADDITIONAL VOUCHERS PURCHASED

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Date Received: _____ Date sent to Vet: _____ Voucher #: _____
Payment Type: _____ check no. _____ cash
Date Vet Bill Paid: _____

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