

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 to you to surrender to the facility at the time of your appointment:

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

_____ **FURR Fix Clinic: schedule online at www.felineurbanrescueandrehab.org. Clinic location: 9 N. Main St., Bangor PA 18013 CATS ONLY**

_____ No Nonsense Neutering –scheduling of appointment can only be done by email to Allentown@nnnlv.org.

_____ AWSOM , 3129 Godfrey Ridge Dr, Stroudsburg 570-424-1060 (DOGS ONLY)

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: \$50 per cat, \$75 per dog **CHECK PAYABLE TO:** Monroe Animal League _

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 my responsibility. I will discuss these charges with my vet prior to making an appointment.

Signature: _____ Date: _____

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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: _____