

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

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

PLEASE SUBMIT A COPY OF YOUR DRIVERS LICENSE OR PHOTO ID

MAKE AN APPOINTMENT: Please check mark the location of your choice below. You must have an appointment and we will send a voucher to you to surrender to the facility at that time. The cat must be feral and in a trap, not a pet carrier.

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

_____ **Creature Comforts Vet Service:** schedule by calling 570-992-0400. Route 115, Saylorsburg

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

_____ **SMITHFIELD ANIMAL HOSPITAL** – schedule by calling 570-421-7738- 2230 Milford Rd., East Stroudsburg, PA 18301

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: _____

PRICE 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. Voucher good for ninety days.

Signature: _____ Date: _____

I am interested in receiving emails regarding MAL information and events.

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FOR OFFICE USE ONLY

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

Payment Type: Check no. _____ Cash _____ CC _____ Date Vet Bill Paid: _____