

MONROE ANIMAL LEAGUE DOMESTIC SPAY/NEUTER APPLICATION

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

EMAIL: MONROEANIMALLEAGUE@GMAIL.COM

PLEASE NOTE: This 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 _____

Include with your application:

1). 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.

2). PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID **Must be a Monroe County Resident

3). Voucher Fee: \$50.00 per cat \$75.00 per dog. Make checks/money orders payable to Monroe Animal League Please (X) 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**
- STREET CATS & DOGS, Inc.-** schedule online at www.scrantonspayneuter.org.
Clinic location: 700 Nay Aug Rd, Scranton **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**)

Pet Information:

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**)

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: _____

-----**FOR OFFICE USE ONLY**-----

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

Payment Type: _____ check no. _____ cash _____ Date Vet Bill Paid _____