

ANIMALS IN DISTRESS SPAY/NEUTER PROGRAM FORM

This form contains instructions on how to register your pet for the shelter's spay/neuter program. This program is available to all pet owners, regardless of whether or not they adopted a pet from **Animals In Distress**.

To receive a spay/neuter certificate, register your pet by filling in the form below; mail the form, and a \$3.00 processing fee (money orders only made out to **Animals In Distress**), and include a SELF ADDRESSED STAMPED ENVELOPE for the return of the certificate. Allow at least 14 working days for processing. Use one form per pet. You may photocopy this form or pick up additional copies at the shelter: 5075 Limeport Pike, Coopersburg, PA. 18036

DO NOT MAKE AN APPOINTMENT BEFORE RECEIVING THE CERTIFICATE -- Certificates are valid for 3 months after the issue date, so time your application accordingly. Pets should be at least 6 months of age at the time of the spaying or neutering. A list of participating veterinarians is included.

When you receive the certificate, make your own appointment at a time convenient to you. When you call for an appointment, the veterinarian will tell you the cost utilizing your discount. **Your pet must be up to date on shots, and you must take proof of shots along to the veterinary hospital when you take your pet to be spayed/neutered. Without proof, the veterinarian will require that they be given by him.**

DECLAWING, CROPPING, OR DOCKING WILL VOID THE CERTIFICATE.

-----detach form here and mail, including a self addressed stamped envelope and "proof" of eligibility where indicated.

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Check one: applying for: ___ 60% discount (proof of financial need is required)*
 ___ 30% discount (for litters or multiple surgeries only)
 ___ 50% discount (for shelter adopted pets only) **
 ___ 20% discount (complimentary encouragement) ***

Pets name _____ Weight _____ Age _____ Spay ___ Neuter ___ Cat ___ Dog ___
Veterinarian of Choice(see reverse side) _____

*Proof of financial need would be recipients of SSI, SSD, Medicaid, food stamps, or an annual household income of \$13,500 or less. **Federal forms must be provided(copies accepted).**

**Adoption papers (copies accepted) must be provided.

***Do not "fit" other categories

Return this form to **Animals In Distress**, Attention Spay/Neuter Program, P.O. Box 609, Coopersburg, PA 18036 along with a self addressed stamped envelope, and **Include a money order for a \$3.00 processing fee per animal made out to Animals In Distress.**

Allow at least 14 working days for processing

Questions? Please call 610-966-9383.