

**SPAY DAYS
APPLICATION FOR PARTICIPATION**

SPAY DAYS is a low-cost spay/neuter program offered by the Central Pennsylvania Humane Society (CPHS) in conjunction with participating veterinarians and citizens concerned about the desperate problem of companion animal overpopulation in our area. The program is designed to offer some financial support for loving, responsible pet owners who are not financially able to afford the entire cost of surgery. If you feel that you are in such a low-income bracket and think you might be eligible for assistance, please fill out the following information and return it to: CPHS Spay Days
PO Box 674
Hollidaysburg, PA 16648

Completion of this application does not ensure eligibility for participation.

Each application will be followed-up with either a telephone or personal interview from one of our committee members. If you are eligible, you will receive a **Schedule I Certificate** for surgery in the mail and will then need to follow directions accompanying the certificate. Do not make an appointment for surgery with the intention of utilizing this discount until you have received a certificate in the mail. No applicant is guaranteed eligibility for mere completion of application. Please allow at least six weeks for your application to be processed. Certificates will be issued, as funds are available. It is essential to the continuation of your program that those receiving certificates could otherwise not afford to have their pet spayed or neutered. CPHS reserves the right to discontinue this program at any time due to a lack of funding. Thank You!

Name _____ Date _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____

Please explain why you feel you are eligible to participate in this program, which is designated to target low-income pet owners. _____

Type of pet: ___ Cat ___ Dog ___ Male ___ Female
Breed: _____ Age: _____ Weight: _____
Did you adopt this pet from Central PA Humane Society? ___ Yes ___ No
Is your pet an established client of a veterinarian? ___ Yes ___ No
Name of veterinarian: _____
Date of last visit to veterinarian: _____

Is your pet current on rabies and distemper vaccinations and bordatella (kennel cough)? ___ Yes ___ No
(Please list the vaccinations and the dates they were received on the back of this page.)

Please describe any health problems of your pet: _____

Does your pet run loose or come in contact with other animals other than your own? ___ Yes ___ No
Is this a stray cat that you will have to capture in order to transport? ___ Yes ___ No
Do you have other pets in need to spay/neuter surgery? ___ Yes ___ No

CPHS USE ONLY **SCHEDULE: I** **DATE:** **#** _____ **VET:** **CAT:**