

Western PA Humane Society
1101 Western Avenue
Pittsburgh PA 15233
ATTN: Spay and Neuter Program

APPLICATION FOR LOW COST SPAY AND NEUTER PROGRAM

NAME (please print) _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (H) _____ (W) _____

YEARLY INCOME \$ _____ * Must attach copy of most recently filed tax from.

ANIMAL INFORMATION

ANIMAL NAME: _____ DOG _____ CAT _____ OTHER _____

MALE: _____ FEMALE: _____ BREED: _____ COLOR: _____

AGE: _____ APPROX. WEIGHT: _____ * Dog fees based on weight

***** YOUR ANIMAL MUST BE CURRENT ON VACCINATIONS BEFORE SURGERY *****

**Your animal must have an examine at the Western PA Humane Society Clinic
prior to having surgery**

IS YOUR ANIMAL CURRENT ON VACCINATIONS: (Rabies, Distemper, Bordatella)

YES _____ NO: _____ (If yes, you will be required to fax records to our office)

PROOF OF OWNERSHIP:

****Your pet must have an examine at the WPHS clinic prior to having surgery**

24 hours notice is required if you cannot make this appointment. Failure to give 24 hours notice will eliminate your pet from our Low Cost Program.

** If your pet is over 5 years of age or has a history of medical problems, we offer and recommend a preoperative blood work panel, Vet screen/CBC costing \$63.25.

** If you pet was the smallest in the litter we also recommend the Vet screen/CBC blood work panel costing \$63.25.

_____ I am declining the preoperative blood work panel for my animal. _____

Signature

You can receive additional information by calling 412-321-4625 X 217