

# Low Cost Spay/Neuter Application **Cats Only**

Income must be under \$3,500 per month. Proof of household income (e.g. copy of W2 or tax return) must be submitted with application. Income requirement is waived for feral/stray cats. Clinics are generally conducted on Saturdays at the Lawrence County Courthouse.

Drop off is early morning and pickup in the afternoon. Pet must be in a rigid pet carrier or cage (not cardboard or fabric), one cat per carrier or cage. Full payment must be made at time of drop off, and surgical permission slip must be signed. You will be called when an opening is available.

Complete one of these forms for each cat you want spayed or neutered.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_

Current Monthly Household Income \$ \_\_\_\_\_ Email \_\_\_\_\_

Number of people in your household \_\_\_\_\_

Number of 4 legged pets in your household \_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_

Are the pets spayed or neutered? \_\_\_\_\_

Name of pet to be spayed or neutered \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Is the cat pregnant? \_\_\_\_\_ Nursing kittens? \_\_\_\_\_ On medication? \_\_\_\_\_

Please list medication and dosage if applicable \_\_\_\_\_

Has the cat been vaccinated for rabies? \_\_\_\_\_ Distemper? \_\_\_\_\_

Please check one:

House cat \_\_\_\_\_ Stray Cat \_\_\_\_\_ Feral Cat \_\_\_\_\_

Complete and return the application to: LC-ARF Low Cost Spay/Neuter Program  
P.O. Box 8514, New Castle, PA 16107

[www.LCARF.com](http://www.LCARF.com)