

# LYCOMING COUNTY SPCA SPAY/NEUTER APPLICATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ County \_\_\_\_\_ Township/Borough \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Number of people in household: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Tell us about your pet: Pet's name \_\_\_\_\_

Male Cat Female Cat Male Dog Female Dog

Age: \_\_\_\_ Weight: \_\_\_\_ lbs. Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Date of pet's rabies shot: \_\_\_\_\_ Distemper shot: \_\_\_\_\_

Your cat must be in a carrier. If you do not have one you may purchase a cardboard carrier from us for \$2.00. Would you like to buy one today?  Yes  No

Your co-pay is based on **total household GROSS income** per year. Your prior year tax returns are required as proof.

No income - \$10,000	You pay \$0
\$10,001 - \$20,000	You pay \$10
\$20,001 - \$30,000	You pay \$20
\$30,001 - 35,000	You pay \$30
\$35,001 and over	You are ineligible

I understand that the Lycoming County SPCA's service for my pet is limited to the financial assistance for spaying or neutering. By my signature, I release the Lycoming County SPCA of any and all liability to me or my pet with respect to the spaying or neutering of my pet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR OFFICE USE ONLY

Proof of income: \$ \_\_\_\_\_ year Co-pay paid: \_\_\_\_\_

Veterinarian: Lewis Veterinary Clinic Loyalsock Animal Hospital Baker's Veterinary Clinic  
SPCA Drop Off for cats only: \$20 deposit per appointment

Animal # A \_\_\_\_\_ Person # P \_\_\_\_\_

Income and outcome done  Directions for Loyalsock given  Directions for drop off given

Employee: \_\_\_\_\_

CITY OF WILLIAMSPORT  
 COMMUNITY DEVELOPMENT BLOCK GRANT  
 INCOME SURVEY

The following information is necessary to support funding under a federal CDBG program.

**Each family should indicate the number of persons living in the residence and whether total family income is above or below the listed figure for the size of the family. Please check \_\_\_\_\_ the box that corresponds to the size of your household \_\_\_\_\_ and whether your income is above or below the number indicated.**

_____ 1 Person	Total Income is	_____ Above	_____ Below	_____ \$11,300
				_____ \$18,850
				_____ \$30,150
_____ 2 Person	Total Income is	_____ Above	_____ Below	_____ \$12,900
				_____ \$21,500
				_____ \$34,450
_____ 3 Person	Total Income is	_____ Above	_____ Below	_____ \$14,550
				_____ \$24,200
				_____ \$38,750
_____ 4 Person	Total Income is	_____ Above	_____ Below	_____ \$16,150
				_____ \$26,900
				_____ \$43,050
_____ 5 Person	Total Income is	_____ Above	_____ Below	_____ \$17,450
				_____ \$29,050
				_____ \$46,500
_____ 6 person	Total Income is	_____ Above	_____ Below	_____ \$18,750
				_____ \$31,200
				_____ \$49,950
_____ 7 person	Total Income is	_____ Above	_____ Below	_____ \$20,050
				_____ \$33,350
				_____ \$53,400
_____ 8 person	Total Income is	_____ Above	_____ Below	_____ \$21,300
				_____ \$35,500
				_____ \$56,850

Please also check any box that describes your family (if applicable):

- |  |                             |
|--|-----------------------------|
| _____ Number of persons who are physically or mentally handicapped | _____ African American      |
| _____ American Indian  | _____ Hispanic              |
| _____ Alaskan Native   | _____ Asian/Pacific Islands |
| _____ Female Head (Single parent) Household                        |                             |

“Any false statements made knowingly and willfully may subject the signer to penalties under Section 1001 and 1010 of Title 18 of the United States Codes.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date