



All questions on this application must be completed in order to process.

You will be contacted if there are questions regarding the information on the form.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Pet: Dog Cat (please circle) Male Female

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

\_\_\_\_\_ Short Hair \_\_\_\_\_ Long Hair

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs\*\*

\*\* (be honest...you will pay the difference at the veterinarians!)

Pregnant? Y N In Heat? Y N

\_\_\_\_\_ Owned \_\_\_\_\_ Stray \_\_\_\_\_ Feral (untamed)

Has your pet been vaccinated against

\_\_\_\_\_ Rabies \_\_\_\_\_ Distemper

Date of last vaccinations: \_\_\_\_\_

Who is your regular veterinarian?

\_\_\_\_\_

City: \_\_\_\_\_

**Include a self-addressed stamped legal size envelope and a check payable to Pet Search for the amount of the surgical procedure that you desire for your pet.**

You will receive an information sheet (Participating veterinarians/ Pet Owner's responsibilities) and your voucher within two weeks of mailing.

MAIL TO: PET SEARCH  
PO BOX 1653  
WASHINGTON, PA 15301  
ATTEN: SNP

Questions: call 724.228.7335