

# Lycoming County SPCA Spay/Neuter Application

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

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

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

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

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

Your Pet's name \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Male Cat Female Cat Male Dog Female Dog

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

Date of pet's rabies shot: \_\_\_\_\_ Distemper shot: \_\_\_\_\_ Dog License # \_\_\_\_\_

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

Would you like a microchip for lifetime identification for your pet for an additional \$7.00?  Yes  No

If yes, please provide an alternate contact name and phone number. \_\_\_\_\_

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: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Proof of income: \$ \_\_\_\_\_ year Source of Income \_\_\_\_\_

Animal # A \_\_\_\_\_ Person # P \_\_\_\_\_ Co-pay paid: \_\_\_\_\_

Employee Initials \_\_\_\_\_ Veterinarian: \_\_\_\_\_

**PLEASE COMPLETE BACK OF APPLICATION**

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.

<input type="checkbox"/> 1 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$12,250 <input type="checkbox"/> \$20,350 <input type="checkbox"/> \$24,550
<input type="checkbox"/> 2 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$14,000 <input type="checkbox"/> \$23,250 <input type="checkbox"/> \$27,900
<input type="checkbox"/> 3 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$15,750 <input type="checkbox"/> \$26,150 <input type="checkbox"/> \$31,380
<input type="checkbox"/> 4 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$17,450 <input type="checkbox"/> \$29,050 <input type="checkbox"/> \$46,500
<input type="checkbox"/> 5 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$18,550 <input type="checkbox"/> \$31,400 <input type="checkbox"/> \$37,680
<input type="checkbox"/> 6 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$20,250 <input type="checkbox"/> \$33,700 <input type="checkbox"/> \$40,440
<input type="checkbox"/> 7 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$21,650 <input type="checkbox"/> \$36,050 <input type="checkbox"/> \$43,260
<input type="checkbox"/> 8 Person	Total Income is <input type="checkbox"/> Above <input type="checkbox"/> Below	<input type="checkbox"/> \$23,050 <input type="checkbox"/> \$38,350 <input type="checkbox"/> \$46,020

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

- |   |  |
|---|--|
| <input type="checkbox"/> Number of persons who are physically or mentally handicapped | <input type="checkbox"/> Alaskan Native                        |
| <input type="checkbox"/> African American   | <input type="checkbox"/> Asian/Pacific Islands                 |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Female Head (Single Parent) Household |
| <input type="checkbox"/> Hispanic   |  |

“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