



**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 a week of mailing.**

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

**Questions: call 724.228.7335**