



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