

CAMERON COUNTY SPCA  
678 South Mountain Road  
Emporium, PA 15834

PETS' NAME: \_\_\_\_\_  
\_\_\_\_\_ Dog or Cat \_\_\_\_\_

Below are the requirements for SPAY/NEUTER assistance

- \*You must be a resident of Cameron County.
- \*You must fill out this application COMPLETELY and return it to the CCSPCA.
- \*You MUST wait for approval before having your animal altered.

Once approved, you will receive a medical voucher from the CCSPCA stating approval and the amount of assistance given. You must make an appointment at your convenience. Currently H & S Animal Hospital of Smethport, PA, phone # (814) 887-7747, is our primary provider. However, you may choose to use any veterinarian. The CCSPCA will pay the cost of the spay/neuter for cats and dogs up to a maximum of \$90.00. You will be responsible for the remainder of the cost of the spay/neuter, along with any other costs incurred such as vaccinations or testing. When you bring your pet to be sterilized, the medical voucher should be given to the veterinarian. They may agree to honor the voucher and charge you for your portion of the cost and bill the CCSPCA \$90.00. However, if they do not wish to participate in our medical voucher system, you may pay the entire cost of the spay/neuter, submit an invoice copy to the CCSPCA, and the CCSPCA will reimburse you \$90.00 for the sterilization cost.

STATE LAW REQUIRES YOUR ANIMAL TO HAVE CURRENT RABIES VACINATION BEFORE BEING  
SPAYED/NEUTERED!!!!

Please print or type

PET OWNER INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_  
Township or Borough \_\_\_\_\_

Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Please provide any information that will help us when evaluating your application:

PET INFORMATION

How long have you owned the Animal? \_\_\_\_\_ How was dog/cat obtained? Please provide details if possible. Rescue from shelter (if so what shelter) \_\_\_\_\_ ☐ Stray ☐ Bought at pet store ☐  
Bought from private dealer ☐ Other \_\_\_\_\_ ☐

Circle One \* Cat / Dog Male / Female  
Age \_\_\_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Rabies Y/N

I understand the above requirements and certify that the information on this application is correct to the best of my knowledge.

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

APPROVAL \_\_\_\_\_ VOUCHER # \_\_\_\_\_

Rev. 6/3/22