

**Centre County PAWS
1401 Trout Road
State College, PA 16801**

Centre County PAWS

Spay/Neuter Assistance Clinic Program for PA residents



Help PAWS help the animals of Central PA.

Spay and neuter!

Spaying and neutering of cats and dogs is the only solution to pet overpopulation and the resulting euthanasia or abandonment of unwanted litters and adult cats and dogs.

**1401 Trout Road
State College, PA 16801**

Phone: (814) 237-8722

Fax: (814) 237-5067

www.centrecountypaws.org

Restrictions

- Feral/wild cats are not accepted into PAWS clinics.
- There are *no refunds* once a spot is reserved.
- Incomplete applications will not be accepted.
- Applications must include payment for surgery in addition to a completed PAWS SNAP Clinic application (see *right*).

Please note:

- Clinics are generally held at off-site clinic locations, not at PAWS.
- A PAWS representative will contact you **the week of the clinic** to provide care/drop-off instructions.
- You must bring photo identification with you when dropping off your animal for a clinic.
- **Veterinary aftercare is not available through PAWS.** Visit your regular veterinarian for any needed or recommended follow up care.

Minimum Costs (due with application):

Cats:	Male	Female		
		\$50	\$80	
Dogs:	Male	Female		
Up to 30 pounds	\$70	80		
31-70 pounds		\$100	150	
Over 71 pounds		\$150	200	

Vaccinations

Rabies and **Distemper** vaccinations are included in the fee and are given the day of the clinic unless proof of current vaccination is provided. There is no partial refund if an animal is not in need of a rabies vaccination.

Additional Costs (due day of clinic if selected):

Flea treatment (only required if live fleas seen)*	\$7.50	
Microchip (optional)	\$30	
	Cats	Dogs
Additional pain medication (optional)	\$5-15	\$5-15
FIV/FeLV test (cats only; optional)	\$38.25	

*You will be contacted if your animal has fleas and needs treatment.

Reduced Cost Clinic Application Date of application: _____

Name: _____

Address: _____

City: _____ Zip code: _____

Phone: (____) _____ Email: _____

Animal information: Cat Dog
 Male Female

If female, date of last heat cycle or litter _____

Animal name _____ Animal Age _____

Breed _____ Colors _____

Coat length (cats): Short Medium Long Weight (dogs) _____

How was this animal obtained?

Is this animal rabies vaccinated? Yes No

Is this animal vaccinated for distemper? Yes No

Current Veterinarian Name:

Current Veterinarian Phone Number:
