

**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](http://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 held at both PAWS and off-site clinics.
- 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):**

<b>Cats:</b>	<b>Male</b>	<b>Female</b>
	\$50	\$80
<b>Dogs:</b>	<b>Male</b>	<b>Female</b>
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
	<b>Cats</b>	<b>Dogs</b>
Additional pain medication (optional)	\$12	\$13-35
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: \_\_\_\_\_