



CITY OF PITTSBURGH SPAY/NEUTER APPLICATION

Thank you for your interest in the city of Pittsburgh Spay/Neuter program. All eligible pet owners must prove they are City residents by showing two bills with a valid city address, a driver's license (or equivalent form of identification with a valid city address) and up-to-date vaccination records. Dog owners must also provide a current City of Pittsburgh dog license.

PLEASE PRINT CLEARLY

Date of Application: _____

Name: _____

Mailing Address: _____ City: **Pittsburgh** Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Gender, number, and age(s) of animal(s) you would like included for the Spay/Neuter program*

Male Dog(s) _____ Age (s) _____ Female Dog(s) _____ Age(s) _____

Male Cat(s) _____ Age (s) _____ Female Cat(s) _____ Age(s) _____

**Please note that there is a pet limit of five animals per City household*

Advanced Documentation:

It is necessary for all eligible pet owners and/or caregivers to send in their documentation of City residency, valid City of Pittsburgh dog license and up-to-date vaccination records in order to approve your application.

Please attach the following photocopies:

_____ Two bills with a valid city address

_____ Driver's license or equivalent form of identification with a valid city address

_____ Vaccination records

_____ Valid City of Pittsburgh dog license

Please rank your preference (1st and 2nd) for which organization you would like to go to for services:

_____ Animal Friends 562 Camp Horne Road, Pittsburgh, PA 15237

_____ Animal Rescue League of Western Pennsylvania 6926 Hamilton Avenue, Pittsburgh, PA 15208

➤ Applicant's Signature: _____ Date: _____

Mail this application, along with the required documentation to:

City of Pittsburgh, Animal Care and Control, 51 1/2 29th Street, Pittsburgh, PA 15201

Once approved by the City of Pittsburgh, Spay/Neuter participating organizations will contact you based on availability to schedule your surgery (DO NOT CONTACT DIRECTLY). We will do our best to meet your preferences; however, surgery schedules are limited.

MANAGEMENT ONLY Rcvd: _____

Approved: YES NO

