



Shelter Address:
1527 Route 136
Eighty Four, PA 15330

Mailing Address:
P.O. Box 66
Eighty-Four, PA 15330
724-222-PETS (7387)

washingtonpashelter.org

WAHS is a No-kill Shelter, Funded by Private Contributions.

Vet Care Outpatient Clinic Renewal Form

Dear Pet Owner,

A year ago, you joined our Vet Care Clinic for your pet(s)_____

Your membership has or is about to expire.

The renewal fee is \$30 for your first animal and \$15 for each additional animal in the household. This fee entitles you to unlimited, non-emergency visits. Most local veterinarians charge \$30 or more for a consultation. In essence, your membership has “paid for itself” after just one visit to the Clinic. There is a \$15 fee for each additional pet. This is also a very tremendous savings.

Our price schedule for medicines and extra services is greatly discounted. A current schedule is attached to this letter.

Please complete the coupon below and return it to us with your check or credit card information. Please mail to: The Washington Area Humane Society, Attention: Barb Layman, P.O. Box 66, Eighty-Four, PA 15330. If you have any questions please call us at 724-222-7387.

Thank you for your participation.

Sincerely,

The Washington Area Human Society

.....
Owner's Name:_____

Street Address:_____ City:_____ State_____ Zip_____

Home Phone:_____ Work Phone:_____

Pet Name:_____ Canine or Feline_____

Pet Name:_____ Canine or Feline_____

Pet Name:_____ Canine or Feline_____

Membership Renewal: First Pet @ \$30 = _____ Additional Pet(s)_____ @ \$15 = _____ Total Amount \$ _____

.....
☐ Check Enclosed ☐ Charge to my Credit Card

Type of Credit Card:_____ Card No._____

Name on Card:_____ Expiration Date:_____

Signature:_____