



Thank you for your interest in getting your pet(s) fixed! There are too many pets without homes in Douglas County and by getting your pet(s) age 8 weeks and up spayed or neutered you will help to reduce this problem in the future. Our funds are limited and we want to help those pet owners who truly need financial assistance, so if you can afford to pay for the spay/neuter surgery yourself, please allow us to use our funds to provide free spay/neuters to someone who is truly in financial need. Low cost spay/neuter options can be found at www.spotsociety.org or by calling 404-584-SPOT.

If you can't afford the other spay/neuter options and would like to request a free spay/neuter and vaccinations, then please fill out this form, one form per animal. This is a request form only, not an approval for a spay/neuter. Return this completed form to the volunteer that contacted you or fax to the number below. You will receive a voucher in the mail, and this will be your go ahead for a free spay/neuter. Instructions for obtaining the spay/neuter will be on the voucher.

Please note that this offer is good for Douglas County residents only. Proof of residency will be required.

Fax completed form to 678-354-8891

Or Mail to DCHS/Fix 'em Free, P.O. Box 747, Douglasville, Ga. 30133

Please indicate the reason that you need a free spay/neuter (check all that apply):

- | | | | | | |
|-----------------------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|
| Elderly | <input type="checkbox"/> | Receiving Medicaid | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Receiving public assistance | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Illness in family | <input type="checkbox"/> |
| Medical problem | <input type="checkbox"/> | Too many bills | <input type="checkbox"/> | Student | <input type="checkbox"/> |
- Other financial hardship, please explain in detail _____

Are you the: Owner of the pet Yes No Caregiver Yes No

Foster/rescue parent Yes No (please provide the name of the rescue group) _____

Other; please explain: _____

Can you pay a portion of the cost? Yes No How much? _____

Name: _____ Email address _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Occupation: _____ Employer's name: _____

Dog _____ Cat _____ Male _____ Female _____ Age: _____ Breed: _____

Name of Pet: _____ Color/Description: _____ Weight of pet: _____

Where did you obtain the animal from originally? _____

If found, where? _____

Adopted from animal shelter (if so, which one) _____

Adopted from a rescue group (if so, which one) _____

Purchased from a pet store (which one) _____ Purchased from a breeder (which one) _____

Got from a friend or relative _____ Gift _____ Other _____

Has this animal every been to a vet? _____ If so, when? _____ What Vet? _____

Has this animal ever given birth? _____ If so, what happened to the litter? _____

Do you have any other unfixed dogs or cats in your home? _____

If so, do you need financial help with getting them spayed or neutered? _____

I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading. I will not hold Atlanta Underdog Initiative, Douglas County Animal Control, Douglas County Humane Society, Friends of the Forlorn Pit Bull Rescue, Lifeline Animal Project, Southern Hope Humane Society, their veterinarians, directors, officers, employees or volunteers liable for any complications arising from the vaccinations, spay or neuter or medical procedures.

Your Signature _____ Date _____

(Must be 18 years or older to sign)