

**Animal Birth Control, Inc.**

Voci Veterinary Services, Inc. D.B.A. Pet Vet, Inc.  
4630 Martin Road – Cumming GA 30041  
770-887-1565

Type of proof \_\_\_\_\_ App'd \_\_\_\_\_

Co-payment \$ \_\_\_\_\_

**2022**

**SPAY ASSISTANCE APPLICATION**

***Please read the application below carefully, complete the application, & return it with all the required documents.***

Our program is funded solely by donations. *Unfortunately, due to Covid-19 we had **ZERO** donations in 2020.* We offer financial assistance for spaying **female** dogs & cats only. All applications are considered on a case-by-case basis. Approval is directly associated to the available funding. Because our funds are limited a **co-payment may be required** if you are approved. As soon as we can review and verify your application, we will contact you by phone. Be sure to include a current working phone number where you can be reached between 8:00am and 6:00pm Monday through Friday!

In order to qualify for our program, you **must** provide proof of financial need by supplying any of the following:

- **Your** welfare or Medicaid card. If a child's card is provided, you **must** provide proof that the child is yours.
- **Your** food stamp or WIC card along with a grocery receipt no older than 2-weeks from the date of your application.
- Proof of **your** unemployment.
- **Your** determination letter from SSI Disability.
- Or proof of your household's total annual income along with the number of persons living in your household.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cat \_\_\_ Dog \_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Pregnant \_\_\_\_\_

Cat \_\_\_ Dog \_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Pregnant \_\_\_\_\_

Cat \_\_\_ Dog \_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Pregnant \_\_\_\_\_

**I certify that the animals listed above are my personal pets. I understand that state law requires a current rabies vaccination for all pets 12 weeks old or older. If my pet is not current, I will be responsible for an additional \$30.00 per pet for a rabies vaccination.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Other possible local spay/neuter assistance programs:**

- Forsyth County Residents: The Forsyth County Humane Society has limited funding available. They can be contacted at 770-887-6480. You will have to leave a message.
- Dawson County Residents that are clients of DFCS &/or are an active military family can call All Animals at 706-216-8387 for information on their assistance program in conjunction with the Dawson County Humane Society.
- Feral or community cat colonies: The Feral Cat Program of Georgia has limited funding available. They can be contacted by email at: [fcpga@yahoo.com](mailto:fcpga@yahoo.com) or leave a message at 470-302.1212.