



**Release Atlanta Spay/Neuter Assistance Program Application**  
**Fill out and email to: [approvals@releashatlanta.com](mailto:approvals@releashatlanta.com)**

The Spay/Neuter Assistance Program is for dog owners in the Metro Atlanta area showing a financial hardship which prevents them from spaying/neutering their pets. The funds for this program are limited, so it is important that we serve those who need our help the most.

Upon approval, we will coordinate with you to secure an appointment at a spay/neuter clinic located in Duluth, GA. You will be responsible for transportation. Release Atlanta will cover the cost of surgery, post-procedure pain medication, and the rabies vaccine. Other vaccines as well as microchipping would be available at a low cost to you.

Your Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 How did you hear about the program? \_\_\_\_\_ Your Age: \_\_\_\_\_ Number of Adults in Household  
 \_\_\_\_\_ (including you): \_\_\_\_\_  
 Number of Children in Household: \_\_\_\_\_

Current household income per month from all sources: \_\_\_\_\_  
 Please list any assistance programs from which your household gets help: \_\_\_\_\_

Important note about privacy: The information you provide will not be sold or shared. For additional protection of your private information, please mark through the Social Security numbers on all copies of documents before mailing them. Do not send original documents!

In order to qualify you must show proof of financial need. Please attach a COPY of proof of eligibility. This can be any ONE of the following:

1. Medicaid card (for adult, not child)
2. WIC card/coupon (with current date)
3. Current paycheck stub or unemployment check stub
4. EBT (Food stamp) card, photo ID & food store receipt dated within 3 weeks.
5. Letter explaining special circumstances for need of assistance.

Pet information

Name: _____	Sex M/F	DOB/Age: _____	Weight: _____
Rabies vaccination date (if applicable): _____	Description/breed: _____		

Name: _____	Sex M/F	DOB/Age: _____	Weight: _____
Rabies vaccination date (if applicable): _____	Description/breed: _____		

I understand that this application is for pets owned by me - the applicant. The information I have provided about myself, my pets, and my household income is accurate and truthful. I have enclosed a photocopy of my Medicaid card or other proof of my total household income. Fraudulent use of the Spay/Neuter Assistance Program will result in services charged to me at full price and possible legal action against me and others involved in the fraudulent use of this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_