

P.A.W.S.

Type of proof _____ App'd _____

Voci Veterinary Services, Inc. D.B.A. Pet Vet, Inc.

4630 Martin Road – Cumming GA 30041

770-887-1565

2020

SPAY ASSISTANCE APPLICATION

(Lumpkin County Residents Only)

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

Our program is funded by donations. 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 PAWS' funds are limited a **co-pay payment of \$35.00 is 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 _____

Mailing Address _____

City _____ State GA Zip _____ County Lumpkin

Cat___ Dog___ Breed_____ Name_____ Weight_____ Age_____ Pregnant_____

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I certify that the animals listed above are my personal pets & I am a resident of Lumpkin County. 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 *may* be responsible for an additional \$30.00 per pet for a rabies vaccination.

Signature

Date