SPAY/NEUTER ASSISTANCE REQUEST FORM

Assistance is available only to residents of the Municipality of Anchorage including Girdwood, Eagle River, and Chugiak

COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT). ALL BLANKS MUST BE FILLED IN OR YOUR REQUEST CANNOT BE CONSIDERED.

Name of Pet Owner: _______________________________________________

Mailing Address: ___________________________________________________________

Street or P. O. Box    City    Zip Code

Home Address: ___________________________________________________________

Street    City    Zip Code

Phone Numbers: __________________________________________________________

Name of Pet: __________________________________ Age of Pet: ____________

Breed of Dog/Cat: _______________________ Approximate Weight: ___________

Where did you get your pet? (Please be specific listing the name of the breeder, rescue group, animal control, or other).

______________________________________________________________________

In order for Friends of Pets to assist people who cannot financially afford to have their pets altered, we ask that you sign and date the declaration below:

I, ______________________________________, cannot afford to have my pet spayed or neutered without the financial assistance of Friends of Pets. I understand that information given above may be shared with grant donors that make funds available for this assistance program.

_________________________________________  _________________

Signature         Date

IMPORTANT: RETURN THIS COMPLETED FORM ALONG WITH A SELF-ADDRESSED STAMPED ENVELOPE TO: FRIENDS OF PETS, P. O. BOX 240981, ANCHORAGE, ALASKA 99524. BE SURE TO INCLUDE THE SASE!

** A separate form needs to be completed for each pet seeking assistance. Only 5 requests per household, please. ** We recommend having your coupon in hand before making a surgery appointment or allowing a minimum of 2 weeks between request and surgery.