



SPAY NEUTER ASSISTANCE REQUEST \$100 COUPON REQUEST

This coupon is authorized to be used in Alaska.

COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT).

ALL SECTIONS MUST BE FILLED IN OR YOUR REQUEST CANNOT BE CONSIDERED.

Name of Pet Owner: _____

Mailing Address (PRINT LEGIBLY) _____
Street or P.O. Box City Zip Code

Home Address: _____
Street City Zip Code

Phone Numbers: _____ Email: _____

Name of Pet: _____ Age of Pet: _____

Breed of Dog/Cat (circle one) _____ Approximate Weight: _____

Where did you get your pet? **THIS SECTION MUST BE COMPLETED, OR APPLICATION WILL BE RETURNED.**

- Rescue group--name _____
- Breeder—name _____
- Anchorage Animal Care & Control
- Craigslist/Alaskaslist
- Facebook
- Friend/Neighbor
- Family Member

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, (please print name) _____, **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, AK 99524. YOUR REQUEST WILL BE DELAYED IF A SELF-ADDRESSED, STAMPED ENVELOPE IS NOT INCLUDED**

*****ALLOW 2-3 WEEKS FOR PROCESSING THIS REQUEST*****

A separate form MUST be completed for each pet seeking assistance. **Limited to five (5) requests per household PER YEAR, please. We recommend having your coupon in hand before making a surgery appointment, or allowing a minimum of 2-3 weeks between request and surgery.