SPAY NEUTER ASSISTANCE APPLICATION
SPAY/NEUTER COUPON REQUEST – STATE OF ALASKA ONLY

COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT).

ALL SECTIONS MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE CONSIDERED.

SUBMIT THIS APPLICATION IMMEDIATELY FOLLOWING THE INSTRUCTIONS BELOW.

ALLOW 2-3 WEEKS FOR PROCESSING THIS REQUEST

- This program was created to assist **individual pet owners** who are in financial need to have their pets altered.
- **PLEASE NOTE: YOU MAY BE ASKED TO PROVIDE PROOF OF THE NEED FOR FINANCIAL ASSISTANCE.**
- The person completing and signing this form must be the owner of the pet and 18 years of age.
- 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.**
- A separate form MUST be completed for each pet.
- Limited to five (5) requests per household PER YEAR.
- **You must have your coupon in hand when making the surgery appointment.**

Name of Pet Owner (MUST BE 18 YEARS OF AGE)_____

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

Home Address:_____
Street/Apt. No City Zip Code

Phone Numbers: (home & cell):_____ **Email:**_____

Name of Pet:_____ **Age of Pet:**_____

CIRCLE ONE--MANDATORY: DOG CAT RABBIT

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

- ☐ Rescue group--name_____
- ☐ Personal Rescue—list circumstance_____
- ☐ Breeder—name_____
- ☐ Anchorage Animal Care & Control Mat Valley Animal Control **CIRCLE ONE**
- ☐ Craigslist Alaskaslist Facebook **CIRCLE ONE**
- ☐ Friend Neighbor Family Member **CIRLCE ONE**

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—MANDATORY (must be 18 years of age) **Date--MANDATORY**