



SCGSR 501C3

332 Dahlonega Street, Cumming, GA 30040 678-456-6237 Fax 678-550-6296

We provide special assistance for Low Cost Spay /Neuter services for cats and dogs.

The spay/neuter program is for adult residents of Forsyth County experiencing financial hardship, thus preventing them from spaying/neutering their pets. Our funds totally rely on donors to support this cause, therefore we need to qualify and assist those in most need. **Upon approval**, you will be called to schedule an appointment at Healthy Paws for a Cause Vet Clinic at 332 Dahlonega Street in Cumming. On the day of surgery bring your co-pay of \$15-\$20.

Your Name _____

Mailing address _____

City, _____ GA _____ zip _____

Physical address {if different from mailing} _____

Daytime phone # _____ evening # _____ email _____

Your age _____ number of adults in household _____

Number of children in household _____

Current total household monthly income {before taxes} _____

List all assistance programs for entire household

We ask for a small co-pay to help cover the cost of your pet's surgery. **Cat \$15, Dog \$20. The co-pay can be waived under certain circumstances.**

In order to qualify for special assistance, you must show proof of financial need. Please attach a **COPY** of proof of eligibility. We need only **ONE** of the following:

Adult Medicaid card [not child]

EBT/food stamp card, photo ID

WIC card /coupon with current date

Letter explaining special circumstances and need for assistance

Privacy note: **This information will not be shared or sold.** Mark through your social security numbers of your documents and please do **not** send original documents.

Pet Information

Pet name _____ dog/cat _____ age _____ weight _____

Breed description _____ rabies vac date _____

Rabies certif # _____

I understand that I personally own the pet to be altered. All information provided about myself, my pets, and income is accurate and truthful. I have enclosed a copy of my Medicaid card or other documentation showing proof of total household income. Fraudulent use for this assistance program will result in services charged to me at full price and possible legal action against me.

Signature _____ Date _____