



Spay / Neuter Assistance Program

P.O.Box 1241 LaFayette, Ga. 30728
706-638-0033

Application to this program **DOES NOT** mean payment will be made.
This program is a **REIMBURSEMENT PROGRAM** only at this time.
Please fill out all information and enclose a COPY of the itemized Vet bill.
Due to a limited amount of funds we may not be able to approve all applications.
If your application is approved you will receive a reimbursement check for up to \$35.00

Name : _____ Date: _____

Address : _____

Phone: _____ E-Mail: _____

Animal being spayed or neutered: Dog Cat
Male Female Age of Animal _____

Is the animal up to date on all it's immunizations including Rabies? _____

How did you obtain this animal? Stray Purchsed
 Adopted from Rescue Group Group Name: _____
 Adopted From a Shelter Shelter Name: _____

Signature _____

All applications are reviewed monthly and if approved checks will be mailed during the month of approval.
By filling out this form you are authorizing NGAL to send you mailings and solicit donations. All personal information is kept confidential and will not be shared with any other organization.

If you do not wish to receive future mailings from NGAL please indicate so here.

Office Use Only

Date: _____ Authorized by: _____

Approved Denied

Check No. _____ Amount: _____

Date Mailed: _____