

Glynn County Animal Control
Spay/Neuter Assistance Application

Return application and required documentation to the Animal Control Center at 4765 Hwy 17 N, Brunswick, Ga.

1. This program provides assistance to low-income pet owners and you must provide proof that you are at or below the federal HHS Poverty Guidelines. (Examples listed below in item 7)
2. You must show proof of Glynn County Residency.
3. You must provide proof of current rabies certificate for your animal (as required by law) or must obtain vaccination at time of surgery at a cost of \$15, payable to the Humane Society of Coastal GA.
4. Only owned companion animals are eligible for this assistance. (Dogs and Cats)
5. Only up to 5 Animals per household will be eligible for this assistance.

HOW DID YOU HEAR ABOUT US? _____

1. Please fill form out completely: (print clearly)

Name _____

Address, City, State & Zip Code _____

Phone: _____ E-mail address: _____

2. Provide the following information for each pet to be spayed/neutered. Please list weight of each pet. Estimate pet weight if you're uncertain.

Pet's Name	Cat/Dog	Breed/Color	M/F	Age	Weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Has a vet given your pet its shots within the last year? () Yes () No
4. Check any assistance that you receive: () Food Stamps () Medicaid () SSI () Public assistance () Disability () Unemployment
5. How many people live in your home? _____
6. 7. What is your ANNUAL household income? \$_____ (Please include proof of income, such as tax form, government assistance, or pay stub. Mark through any sensitive information such as social security numbers.)
7. Our partner in this Grant, The Humane Society of South Coastal Georgia, will contact you to schedule your appointment.
8. Signature _____ Date _____
(By signing this application, I certify that the above information is true and accurate) .

(GCAC Use Only)

Interviewing Officer: _____ Date: _____

Approved: Yes No Reason for denial: _____

HSSCGA notified of approval (Date and Person) _____