

## SNIP REQUEST FORM

Please only apply for this program if you cannot afford to pay for the surgery yourself at a LifeLine low cost clinic. This program has limited funds and can only help DeKalb residents who are truly in need.

The number of unwanted pets is at an extremely high level in DeKalb County. Because of this, for a limited time we are offering FREE spay/neuters (including vaccinations) for low income DeKalb County residents. Qualified pets for the SNIP DeKalb program are cats, medium-large breed dogs that weigh over 30lbs or puppies that will weigh over 30lbs when adults. Your dog can be fixed as early as 8 weeks of age and your cat as early as 10 weeks, so don't miss out on these limited funds. If you can't afford low cost spay/neuter options and would like to request a free spay/neuter and vaccinations, please fill out this form.

*Please note that this offer is good for DeKalb County residents only. Proof of residency will be required. **Please print clearly.***

**Mail completed form to:**

**DeKalb County Animal Services, Attn: SNIP DeKalb, 3280 Chamblee Dunwoody Rd, Chamblee, GA, 30341**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer's name: \_\_\_\_\_

**Please indicate the reason that you need a free spay/neuter (check all that apply):**

Elderly	<input type="checkbox"/>	Receiving Medicaid	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Receiving public assistance	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Illness in family	<input type="checkbox"/>
Medical problem	<input type="checkbox"/>	Too many bills	<input type="checkbox"/>	Student	<input type="checkbox"/>
Other financial hardship, please explain in detail _____					

Are you the: Owner of the pet Yes No Caregiver Yes No  
 Foster/rescue parent Yes No (if yes, please provide the name of the rescue group) \_\_\_\_\_  
 Other, please explain: \_\_\_\_\_

**Can you pay a portion of the cost ?** Yes No **How much?** \_\_\_\_\_

1. Pet #1 Name _____	Dog _____	Cat _____	Male _____	Female _____	Age: _____
Breed: _____	Color/Description: _____		Weight of pet: _____		
2. Pet #2 Name _____	Dog _____	Cat _____	Male _____	Female _____	Age: _____
Breed: _____	Color/Description: _____		Weight of pet: _____		
3. Pet #3 Name _____	Dog _____	Cat _____	Male _____	Female _____	Age: _____
Breed: _____	Color/Description: _____		Weight of pet: _____		
4. Pet #4 Name _____	Dog _____	Cat _____	Male _____	Female _____	Age: _____
Breed: _____	Color/Description: _____		Weight of pet: _____		
5. Pet #5 Name _____	Dog _____	Cat _____	Male _____	Female _____	Age: _____
Breed: _____	Color/Description: _____		Weight of pet: _____		

Where did you obtain the animal from originally? \_\_\_\_\_

If adopted from a shelter or rescue group, provide name: \_\_\_\_\_

Has this animal ever been to a vet? \_\_\_\_\_ If so, when? \_\_\_\_\_ What Vet? \_\_\_\_\_

*I hereby certify that the foregoing information is true and correct and that I have not omitted anything which would make my application false or misleading. I will not hold DeKalb County Animal Services, LifeLine Animal Project, their veterinarians, directors, officers, employees or volunteers liable for any complications arising from the vaccinations, spay or neuter or medical procedures.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be 18 years or older to sign)

*For Administrative Use Only*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_ Date: \_\_\_\_\_