



## SPAY/NEUTER ASSISTANCE REQUEST FORM

Assistance is available only to residents of the Municipality of Anchorage including Girdwood, Eagle River, and Chugiak

**COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT). ALL BLANKS MUST BE FILLED IN OR YOUR REQUEST CANNOT BE CONSIDERED.**

Name of Pet Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P. O. Box City Zip Code

Home Address: \_\_\_\_\_  
Street City Zip Code

Phone Numbers: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Age of Pet: \_\_\_\_\_

Breed of Dog/Cat: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

Where did you get your pet? (Please be specific listing the name of the breeder, rescue group, animal control, or other).

\_\_\_\_\_  
\_\_\_\_\_

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, \_\_\_\_\_, 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

\_\_\_\_\_  
Date

**IMPORTANT: RETURN THIS COMPLETED FORM ALONG WITH A SELF-ADDRESSED STAMPED ENVELOPE TO: FRIENDS OF PETS, P. O. BOX 240981, ANCHORAGE, ALASKA 99524. BE SURE TO INCLUDE THE SASE!**

\*\* A separate form needs to be completed for each pet seeking assistance. Only 5 requests per household, please. \*\* We recommend having your coupon in hand before making a surgery appointment or allowing a minimum of 2 weeks between request and surgery.