

ANIMAL BIRTH CONTROL, INC.
Tracy W Land, DVM - Monica K Voci, DVM
4630 MARTIN ROAD
CUMMING, GA 30041
770-887-1565

Dear Applicant,

Thank you for inquiring about our assistance program. We hope that we can be of help. This program provides subsidies for spaying female dogs and cats only. Due to extremely limited funds, male dogs and cats are not eligible for this program. All requests are considered on a case by case basis and the availability of funds limits our assistance,

Please read the application below carefully, complete the application, and return it with all the required documents. As soon as we can review and verify your application, we will contact you by phone. Be sure to include a current phone number where you can be reached between 7:30am and 6:00 Monday through Thursday!

Application for Low-Income Spay Subsidy Program

In order to qualify, you **must** show proof of financial need through a form of public assistance. You **must** attach a copy of proof of eligibility. This can be any of the following:

- **Your** welfare, Medicaid, food stamp, or WIC card. Sorry, Peach Care is **not** considered under this program.
- A stub from **your** most recent unemployment check.
- **Your** determination letter from SSI Disability.
- Social Security alone is **not** a qualification, unless social security is your **only** income. If this is the case, a copy of last year's tax returns is required to verify that you have no other income. If you did not meet the requirements for filing a tax return last year, provide a copy of **your** last three months bank statements showing the deposit of **your** social security check, along with the number of persons living in your household. In this case, your signature below will be considered a sworn statement of no other income.

Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

I certify that the animals named below are my personal pets, and is female. I understand that state law requires a current rabies vaccination. If my pet is not current I will be responsible for an additional \$22.00 per pet for a rabies vaccination.

Signature

Date

Cat___ Dog___ Name_____ Age_____ Female___ Male___

Cat___ Dog___ Name_____ Age_____ Female___ Male___

Cat___ Dog___ Name_____ Age_____ Female___ Male___

Cat___ Dog___ Name_____ Age_____ Female___ Male___

Use the back of this application to list any additional pets.