



**Georgia Veterinary Medical Association Foundation
Dog and Cat Sterilization Grant Program
Veterinarian's Application for Financial Assistance**

VETERINARIAN INFORMATION

Business Name _____

Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Veterinarian performing procedure _____

Date of Procedure _____

OWNER INFORMATION

Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

ANIMAL INFORMATION

Name _____

Circle one
Species: Cat Dog

Amount applied for procedure \$ _____

Sex: Female Male

Please return to:

FAX: 678-309-3361

OR

**MAIL: Georgia Veterinary Medical Association
2200 Century Pkwy, Suite 725
Atlanta, GA 30345**