



SAVE-A-LIFE SPAY/NEUTER CERTIFICATE REQUEST FORM

DATE: _____

Name: _____

Street Address: _____

City and State: _____

Zip Code: _____

Email Address: _____

Primary Telephone Number: _____

Is the certificate for a Dog or a Cat: DOG _____ CAT _____

Is the Pet a Male or a Female: MALE _____ FEMALE _____

Is this a replacement for a lost certificate? NO _____ YES _____

Is this a replacement for an expired certificate? NO _____ YES _____

If someone other than the certificate requester will be paying the processing and handling fee for this certificate request, please put their name below so we can properly match the payment with the certificate request:

Note: Multiple requests may be submitted at one time but a Certificate Request Form **MUST BE COMPLETED FOR EACH CERTIFICATE REQUESTED**. Payments for multiple certificates maybe combined into one money order. **Mail the Certificate Request Form (s) along with the \$2 money order (\$4 if more than one form) to the address below. Allow 3-4 weeks for processing.**

Save-A-Life Animal Welfare Agency
P.O. Box 16730
Savannah, GA 31416

Submission of this form means that you have read and agree to the terms & conditions for certificate use listed on our website and that this certificate will **NOT** be used in conjunction with the de-clawing of a cat.