

Georgia Department of Agriculture Dog and Cat Sterilization Grant Program Final Progress Report

(Please type or print))

Name of Grantee Grant Number

Street Address

City, State, ZIP Code

Phone Number FAX Number

I certify that the grant money was used only for spaying and neutering and that all procedures were performed in a humane manner and pursuant to the American Veterinary Medical Association (AVMA) guidelines.

Name (Printed or Typed) Title

Signature Date

	Number of procedures:			Total
Cat Neuter	_____ @	\$	_____ \$	_____
Cat Spay	_____ @	\$	_____ \$	_____
Dog Neuter	_____ @	\$	_____ \$	_____
Dog Spay	_____ @	\$	_____ \$	_____
Grand Totals	_____		_____	_____

List all veterinarians who performed procedures

Name	License Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please mail to:
Georgia Department of Agriculture
Attention: Dr. Robert L. Cobb, Jr., State Veterinarian
19 Martin Luther King, Jr. Drive SW, Room 106
Atlanta, GA 30334