Georgia Department of Agriculture Dog and Cat Sterilization Grant

Program Final Progress Report

(Please type or print)

Name of Grantee _____ Grant Number (for office use only) _____

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	_____	@ $	_____	$	_____
Total procedures	_____			Grand Total	_____

List all veterinarians who performed procedures

Name	License Number

Please email to:

DCSP@agr.georgia.gov

Along with this form, you must submit a second page with each procedure performed with the DCSP grant.

2024 DCSP Procedure Records

Date of Procedure	Name of Pet Owner	Address & Phone Number of Pet Owner	Veterinarian Name	Procedure Cost	Dog Or Cat

*These records must be submitted with the final progress report form

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