

Pet Overpopulation Control Program Owner Application & Consent Form

Fill out completely and submit application to:

Oklahoma Veterinary Medical Association
P.O. Box 14521
Oklahoma City, OK 73113

Please submit one application per animal. Due to funding constraints there is a two animal limit per household.

Owner's Name: _____ Telephone: (____) _____ County: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Qualified assistance programs by Oklahoma Department of Human Services:

- | | |
|--|---|
| *Medicaid (Oklahoma Sooner Care Card) | *Recent EBT Notice of Certification |
| *Social Security Award Letter Stating Disability
(must state "Notice of Award") | *Letter from DHS/approving agency stating
type of assistance & confirming low income |

Please note: **Medicare only does not qualify for assistance**

***For approval, a photocopy of one of the above must be attached.**

Animal's Name: _____ **Species** (Circle one): Dog Cat

Breed: _____ **Sex** (Circle one): Male Female **Age:**(must be 6 month old) _____

I hereby consent and authorize surgical sterilization of my pet, and I understand the procedure. I also understand there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the surgery unforeseen conditions may arise that may necessitate the performance of additional procedures. I agree to pay the co-payment of ten dollars (\$10.00) to the participating veterinarian at time of surgery & agree to have surgical procedure performed within 15 days of approval date.

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent agreement. The above information is true and correct to the best of my knowledge.

Owner/Agent's Signature: _____ Date: _____

Options:

- I request a rabies vaccination and agree to pay five dollars (\$5.00)
- Although not required, I agree to pay for any other vaccinations that are needed.

For Office Use Only:

Administrator Approval _____ Disapproval _____

Signature: _____ Date: _____