

PET STERILIZATION APPLICATION



Fill out completely and submit application to:

Email: PETS@OKVMA.ORG
Oklahoma Veterinary Medical Association
13917 Quail Point Drive
Oklahoma City, OK 73134

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

Owner's Name: _____

Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FOR APPROVAL, A PHOTOCOPY OF ONE OF THE BELOW MUST BE ATTACHED WITH THE APPLICATION

Qualified programs by the Oklahoma Department of Human Services:

- Medicaid (Oklahoma Sooner Care Card)
- Social Security Letter Stating Disability (Must state "Notice of Award")
- EBT Card
- Letter from DHS or approved agency stating type of assistance & confirming low income

Please note: Medicare **ONLY** does not qualify for assistance.

Animals Name: _____ Species: (circle one) Dog Cat

Breed: _____ Sex: (circle one) Male Female

Age: (Must be at least 6 months 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 the time of surgery & agree to have the surgical procedure performed or scheduled within **30 days** of the approval date.

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

Owner/Agent's Signature: _____ Date: _____

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

OVMA OFFICE USE ONLY

Approval: Disapproval:

Signature: _____ Date: _____

*Not valid without signature, date, and embossed seal.

*Specific rules regarding the program can be found in Title 35. Oklahoma Department of Agriculture, Food, and Forestry: Chapter 15 Animal Industry; Sub Chapter 12. Pet Overpopulation Fund.

