

Pet Overpopulation Control Program

Owner Application & Consent Form

Fill out completely and submit application to:

Email Address: pets@okvma.org
Oklahoma Veterinary Medical Association
13917 Quail Pointe Dr.
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: _____ County: _____

Qualified programs by Oklahoma Department of Human Services:

- Medicaid (Oklahoma Sooner Care Card)
- Social Security Letter Stating Disability
 - Must state "Notice of Award"
- EBT Card & recent notice of certification
- 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.

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

Breed: _____ Sex: (circle one) Male Female

Age: (must be 6 monthsold) _____

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 within 15 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: _____

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.

OVMA Office Use Only

Approval: _____ Disapproval: _____
Signature: _____ Date: _____

Veterinary Office Use Only

Signature: _____
Date: _____