

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

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

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

Telephone: _____

State Assistance Program ***To qualify, a photocopy of one of the following cards must be attached**

*Medicaid Card

* Social Security Award Letter

*EBT Card and the most recent Notice of Certification *Other written correspondence from DHS/approving agency

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

Breed: _____ Sex: _____ Age: _____

Vaccination History Attached: Yes No

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 a co-payment of ten dollars(\$10.00) to the veterinarian at the time of the surgery.
- 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.
Specify vaccination(s) needed:
- I agree to have the surgical procedure performed within 15 days of the approval date.
- I have attached the veterinarian's medical reason for delay beyond 15 days.

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 and the above information is true and correct to the best of my knowledge.

Owner/Agent's Signature: _____ Date: _____

Veterinary Confirmation:

I verify that I have surgically sterilized the above described animal on this date.

Signature: _____ Date: _____

For Office Use Only:

Administrator Approval _____ Disapproval _____

Signature: _____ Date: _____