

Companion Animal Assistance Program
P. O. Box 14
Stillwater, OK 74076
(405) 377-0887
www.caapok.org

Welcome to the Companion Animal Assistance Program (CAAP). Our mission is to provide spay/neuter education, and generally contribute to the health and enjoyment of companion animals in the Stillwater community. The purpose of this letter is to outline the application process and provide you with a few details of how our program works.

1. You must fill out and submit the attached CAAP Application for Financial Assistance. **Financial aid is based on need and ability to pay.** Please return the completed application to the above address.
2. **It is important that you complete the application carefully.** For instance, the weight of the dog influences the cost of the operation, so please be as accurate as possible. Also, the more specific you are in your "reasons for the request", the better we can assign benefits.
3. Once submitted, the application will be evaluated and you will be notified by phone/mail within one (1) week as to its acceptance/rejection. **If you wish to send your portion of the cost along with the application or there is an urgent need to be notified more quickly, please call 377-0887 to get that information.** If no answer, please leave your name and telephone number and we will return your call.
4. If your application is accepted, the letter you receive will tell you your cost for having your pet spayed or neutered.
5. **Once you have paid your portion of the cost to CAAP, you will receive a Spay/Neuter Certificate to take to the veterinarian after making your appointment. Please read and take note of the conditions provided on the certificate.** Any complications to the operation will generally be your financial responsibility. If you have questions, please discuss the possible costs either in advance, or at the time you take your pet in.
6. The application will contain a list of veterinarians who are CAAP providers. You must use one of the listed veterinarians.
7. Any health problems which are discovered during the pre-operation exam of the animal will be treated at your expense. If you have questions regarding the health of your pet and/or potentially needed treatments, please ask them in advance.

Thank you for your interest in the Companion Animal Assistance Program. If you have any questions, you may call 377-0887. We look forward to working with you for the health of your pet.

Certificate No. _____

Veterinarian: _____

Date Approved: _____

Date Declined: _____

Dog () Cat () _____

Application for Spay/Neuter Assistance
 (for owners who need financial assistance)
Companion Animal Assistance Program
P. O. Box 14
Stillwater, OK 74076
Telephone: 377-0887
www.caapok.org

Rabies Cost: _____

DHLPP Cost: _____

FVRCP Cost: _____

Owners Cost: _____

No tail docking, ear cropping, declawing, or any other mutilating procedure is to be done at the time of the spaying and neutering.

Name (Mr. Mrs. Miss) _____

Address _____

Street Address

City

State

Zip Code

Telephone: (Day) _____ **(Evening)** _____ **(email)** _____

DOG Name of dog: _____ Breed: _____ Weight: _____ Age: _____

() Female () Male Is your dog currently on heartworm preventative? _____ Pregnant? _____

Vaccinations current? _____ (Use reverse side for additional animals)

.....
CAT Name of cat: _____ Breed: _____ Age: _____

() Female () Male () Tame () Semi-wild () Wild Pregnant? _____

Vaccinations current? _____ (Use reverse side for additional cats)

.....
NAME OF VETERINARIAN: _____

(See reverse for participating veterinarians)

.....
Are you receiving state or federal financial aid? (Optional) _____

Employer: _____ **Monthly Household Income:** _____

Why are you requesting this assistance? _____

Your signature below indicates that you are legal owner or custodian of the above named pet(s), that the information provided is correct, and that you release CAAP from any liability.

Signature

Date

All Pets Veterinary Clinic

Rebecca Coleman, DVM
1423 S. Western
Stillwater, OK 74074
(405) 624-8622

Baker Animal Clinic

Maria DiGregorio, DVM
2003 N. Boomer Road
Stillwater, OK 74074
(405) 372-4525

Cimarron Animal Hospital

Brent Pitts, DVM
6012 N. Washington
Stillwater, OK 74074
(405) 372-3200

Pet Care Clinic

Karen Dawson, DVM
1507 Cimarron Plaza
Stillwater, OK 74075
(405) 372-0963

Veterinary House Calls

Amy Storm, DVM
7119 N. Sangre Road
Stillwater, OK 74075
(405) 377-3838

Western Veterinary Hospital

Casey Fussell, DVM
2315 W. Sixth
Stillwater, OK 74074
(405) 743-2800

DOG Name of dog: _____ Breed: _____ Weight: _____ Age: _____

() Female () Male Is your dog currently on heartworm preventative? _____

Are your dog's vaccinations current? _____

DOG Name of dog: _____ Breed: _____ Weight: _____ Age: _____

() Female () Male Is your dog currently on heartworm preventative? _____

Are your dog's vaccinations current? _____

CAT Name of cat: _____ Breed: _____ Age: _____

() Female () Male () Tame () Semi-wild () Wild

Are your cat's vaccinations current? _____

CAT Name of cat: _____ Breed: _____ Age: _____

() Female () Male () Tame () Semi-wild () Wild

Are your cat's vaccinations current? _____