

INSTRUCTIONS :

Fill out the application and choose the veterinary clinic you prefer to use from page 2.

Call 377-0887 to find out the cost to you. Leave a message and your call will be returned. If you don't receive a call by the next day, please call again. If you have text capability, you can receive a text with the cost.

Mail your payment along with the application to the address given.

A voucher will then be sent to you so you can make your appointment with the veterinary clinic you selected, taking the voucher with you to authorize the veterinary office to bill CAAP.

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	Apt #	City	State	Zip Code
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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

White Veterinary Services
Brett White, DVM
824 North Harmony Road
Cushing, OK 74023
(918) 225-8061

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

Cat Clinic of Stillwater
Annette Cowell, DVM
2207 W. 6th Ave.
Stillwater, OK 74074
(405) 377-2287

Perkins Road Pet Clinic
Kimberlee McKenzie, PH.D DVM
900 S. Perkins Road
Stillwater, OK 74074
(405) 624-3086

Perkins Veterinary Clinic
Wendy Murray, DVM
7119 S. Perkins Rd
Perkins, OK 74059
(405) 547-2442

Benchmark Animal Hospital
Lisa Mauzerall, DVM
1701 W. 116th Street
Perkins, OK 74059
(405) 547-8381

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? _____