

## INSTRUCTIONS:

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

Call 405-747-5406 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. \_\_\_\_\_ Date Approved: \_\_\_\_\_  
Date Declined: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_ Dog ( ) Cat ( ) \_\_\_\_\_  
Application for Spay/Neuter Assistance Rabies Cost: \_\_\_\_\_  
(for owners who need financial assistance) DHLPP Cost: \_\_\_\_\_  
FVRCP Cost: \_\_\_\_\_  
Owners Cost: \_\_\_\_\_

## Companion Animal Assistance Program

P. O. Box 14  
Stillwater, OK 74076  
Telephone: 405-747-5406  
[www.caapok.org](http://www.caapok.org)

*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

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (email) \_\_\_\_\_

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**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  
(Cats only)**

1423 S. Western 2003  
Stillwater, OK 74074  
(405) 624-8622

**\*Baker Animal Clinic**

2003 N. Boomer Road  
Stillwater, OK 74075  
(405) 372-4525

**Cimarron Animal Hospital**

6012 N. Washington  
Stillwater, OK 74075  
(405) 372-3200

**\*Trinity Veterinary Hospital**

3100 N. Perkins Rd  
Stillwater, OK 74075  
(405) 533-0001

**Veterinary House Calls**

7119 N. Sangre Rd  
Stillwater, OK 74075  
(405) 377-3838

**\*\*Perkins Veterinary Clinic**

11016 S. Perkins Road  
Perkins, OK 74059  
(405) 547-2442

**Benchmark Animal Hospital**

1701 W. 116th Street  
Perkins, OK 74059  
(405) 547-8381

**\*Indicates that these clinics require pain medication be given and you will have an additional charge.**

**\*\*There will be a additional charge to owner (\$53) if female cats are in heat or early pregnancy.**

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**DOG** Name of dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Age: \_\_\_\_\_

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

Are your dog's vaccinations current? \_\_\_\_\_

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**DOG** Name of dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

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

Are your dog's vaccinations current? \_\_\_\_\_

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**CAT** Name of cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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

Are your cat's vaccinations current? \_\_\_\_\_

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**CAT** Name of cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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

Are your cat's vaccinations current? \_\_\_\_\_