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

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) _____

****

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 Clinic

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

All veterinary clinics will have an additional charge to the owner if female cats or dogs are in heat or early pregnancy.

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

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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? _____
****

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? _____

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.