

**SPAY OKLAHOMA, INC.**  
**918.728.3144 www.spayok.org**

*A not-for profit organization working to reduce pet overpopulation*

**This certificate is null and void if declawing, tail docking, ear cropping, or any other mutilating procedure is to be done at the time of the spaying or neutering.**

Date \_\_\_\_\_

Please fill in the following information:

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_ Wk \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Pet Info:** Dog \_\_\_ Cat \_\_\_ Male \_\_\_ Female \_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ How long owned? \_\_\_\_\_ Vaccinations Current? Y N Heartworm Prevention? Y N

Pets Name  Pet is kept? Indoor Outdoor Both

Pet known to be allergic to any medications or anesthesia? \_\_\_Y N\_\_\_ If so, what kind? \_\_\_\_\_

Ever had a pet sterilized before? Y N Ever used a veterinarian before? Y N

Heard about us? (circle one) Newspaper Flyers Friend Animal Control Social Services Other \_\_\_\_\_

Pet Obtained? (circle one) Stray Friend Breeder Pet Store Other

Owner Yearly Income? Under \$6000/yr \_\_\_ \$6,000 to \$15,000 \_\_\_ \$15,000 to \$25,000 \_\_\_ \$25,000 to \$35,000 \_\_\_ above \$35,000 \_\_\_

Comments \_\_\_\_\_

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

I understand that all surgery and anesthesia carries risks, and that unforeseen conditions may be present that cannot be detected without blood screening and which can increase the risks of abnormal bleeding or death. I understand that animals of advanced age or that have never been vaccinated carry increased risks. I agree not to hold the participating veterinarian(s) or their representative(s), the participating humane society and volunteer(s) or the facility liable for damages. If the veterinarian deems that the animal is not in condition to undergo surgery, surgery will not be performed. I certify that all information regarding my animal and my income is correct and true to the best of my knowledge.

Owner signature \_\_\_\_\_ Date \_\_\_\_\_

**RETAIN THIS FORM IN A SAFE PLACE AS RECORD OF STERILIZATION AND/OR VACCINATIONS**  
**TO BE COMPLETED BY STAFF:**

**Canine (Dog)**

Spay or neuter \_\_\_\_\_ \$35 (\$45 if 60# or more)

Rabies \_\_\_\_\_ \$5

Canine 6 in 1 \_\_\_\_\_ \$5

Worming \_\_\_\_\_ \$5

Total charges \$ \_\_\_\_\_

Owner paid \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

**Feline (Cat)**

Spay or neuter \_\_\_\_\_ \$25

Rabies \_\_\_\_\_ \$5

Upper Respiratory \_\_\_\_\_ \$5

Worming \_\_\_\_\_ \$5

Total charges \$ \_\_\_\_\_

Owner paid \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

**Rabies Vaccine**

Date \_\_\_\_\_

Mfr \_\_\_\_\_

Exp \_\_\_ 1yr \_\_\_ 3yr \_\_\_

Serial # \_\_\_\_\_

Tag # \_\_\_\_\_

Vet License \_\_\_\_\_

Attending Veterinarian's Signature \_\_\_\_\_

PAID BY Check \_\_\_\_\_ # \_\_\_\_\_ Cash \_\_\_\_\_ PAY ON PICK-UP \_\_\_\_\_

Called for pick-up \_\_\_\_\_ Will be picked up at \_\_\_\_\_ by \_\_\_\_\_