



PO Box 14547 | Oklahoma City, OK 73113-0547  
720 W. Wilshire Blvd., Suite 101-F | Oklahoma City, OK  
405-418-8511  
info@BestFriendsOfPets.org

2024

**PLEASE READ BEFORE COMPLETING APPLICATION!**

**Spay Neuter Assistance Program – Spay Neuter Application and List of Participating Clinics Included**

- For **OWNED** pets. You may apply if you can get to one of our participating clinics.
- **NO** feral or stray cats! Cats must be tame and able to be held.
- Pets must have **NO** fleas to be seen at participating clinics. You may be charged if your pet has fleas.
- PRINT information in Part 1 with a blue or black ink pen. Include ALL Pet Information.
- Use (1) one application for each pet. Limit of 4 each calendar year. Proof required each calendar year.

Automatic Qualification - Must be able to see your name on proof			
SoonerCare (Medicaid)	OKDHS (food & other benefits)	Supplemental Security Income (SSI - <u>not</u> social security)	HUD Section 8
• Statement with End date	<i>Proof must show that benefits are CURRENT</i>	• OKDHSLive or OHCA website - must set up account before you can log in	
<u>PROOF - Only 1 Type Needed - We do <b>NOT</b> accept copies of Cards</u>			
Only 1 (one) copy of proof is needed if sending more than one application			

Qualification Based on Gross Household Income	
Proof for ALL Family Members with Income	
• Social Security Disability award letter	• Social Security statement
• Federal Form 1040, page 1 for 2022 or 2023 (if filed)	• W-2(s) - <b>We do NOT</b> accept paystubs
# Include Family Size on application #	

Family Size	Annual Income	Monthly Income
1	\$ 27,861	\$ 2,322
2	\$ 37,814	\$ 3,151
3	\$ 47,767	\$ 3,981
4	\$ 57,720	\$ 4,810
5	\$ 67,673	\$ 5,639
6 +	Add \$9,953 (annual) or \$829 (monthly) for each additional person	

**Rabies Vaccination**

- Required by state law. Must be given by a veterinarian.
- Only available through this program at the time of the spay or neuter.
- Do **NOT** send proof of vaccination to us. You may be required to show proof at the veterinary clinic.
- If requested and no proof is shown, you are responsible for the total payment of the rabies vaccination.
- Discounted annual/core vaccinations may be available at a participating clinic (see List).

**Mail Application**

- Mail to Best Friends SNAP | PO Box 14547 | Oklahoma City, OK 73113-0547
- Pay for all applications (up to 4) with one (1) check or money order.
- NO temporary checks

- ☐ Complete Part 1 including ALL pet information.
- ☐ Sign and Date your application.
- ☐ Include proof of current benefits (NO copies of cards) for yourself or a member of your household, **OR**
- ☐ Include proof of gross household income for all members of your household. Write the number of people in your household (Family Size) on your application. (NO paystubs)
- ☐ **Include one (1) check or money order payable to Best Friends of Pets for all fees due.**  
Overpayments are deemed donations to Best Friends of Pets.

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### **Review of Application**

- Allow up to two (2) weeks for processing.
- If you mark you want your approved application emailed to you, watch for an email from us with Your Name – Your Pet's Name in the subject line. You must print out this approved application.
- We will contact you if we need additional information or if anything is missing.
- If your application is not approved, we will shred your check or refund your money order.
- There is a \$10 fee for all checks returned to us for insufficient funds or other reasons.

### **Make Your Appointment**

- We will complete Part 2 to show your application is approved.
- Make an appointment at a participating clinic as soon as you receive your approved application. Tell them you have an approved Best Friends of Pets Spay Neuter Application. Read the Notes for additional clinic information. Be sure to check the Age and Weight limits in the List.
- **Take your application with you to your appointment.** You will need to reschedule if you forget your approved application.
- You must follow veterinary clinic guidelines and drop off/pick up your pet at the designated day and time. Clinics may refuse applications if (1) anyone not related to the pet parent takes the pet to the clinic, (2) you change the name of the pet after the application is approved, or (3) you switch pets.
- Contact us if you are unable to make an appointment before the expiration date or if the clinic requires that you pay for additional vaccines or services that are not shown as required on the List.

### **Expiration Date**

- Expiration dates are shown in Part 2.
- No refunds will be given for expired applications.
- Extensions are made on a case-by-case basis. There is a \$10 fee to extend. Contact us before the expiration date, if needed, to avoid the extension fee.
- Call us at 405-418-8511, press 2 or email us at Info@BestFriendsOfPets.org if an extension is needed.

### **Contact Us**

- Office: 405-418-8511, press 2. Leave a message.
- Info@BestFriendsOfPets.org
- Kim at 405-740-6533 cell

### **Pet ID Tags**

- Free pet ID tags have two lines of information. We suggest two phone numbers or a name and phone number.
- Tags with more information (name, address, phone number) are \$5.
- Send a note with your application (and payment if needed) with the information you want on your tag. Cats get circle tags and dogs get bone tags in blue or pink.



## Best Friends of Pets Spay Neuter Assistance Program

PO Box 14547 🐾 Oklahoma City, OK 73113-0547 (for ALL mail)  
(405) 418-8511 🐾 Office: 720 W. Wilshire Blvd., Suite 101-F, OKC (No mail. Open limited hours.)

### APPLICATION AND VOUCHER

**Take your APPROVED APPLICATION with you to your appointment! (See Part 2)**

#### FOR PET PARENTS

- ☐ Send current proof of benefits or income
- ☐ Complete all PET INFORMATION
- ☐ Include payment with application  
Check or money order payable to *Best Friends of Pets*

#### FOR VETERINARY CLINICS / HOSPITALS

- Applications must be pre-approved (see Part 2)
- -0- Initials - rabies vaccination not paid by pet parent
- Expiration date is shown in Part 2
- Return this copy with Monthly Invoice

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#### **PART 1 – YOUR INFORMATION**

**PLEASE PRINT. USE BLACK OR BLUE INK.**

LAST NAME, YOUR FIRST NAME

TELEPHONE NUMBER

MAILING ADDRESS

CITY

ZIP CODE

→→ *May we email your Voucher to you?* ☐ YES ☐ NO  
You **MUST** print it out and take it with you to the clinic.

EMAIL ADDRESS → *Be sure to check your email about 1-2 weeks after you send your application! Your name will be in the subject line.* ←

#### **HOW ARE YOU QUALIFYING FOR ASSISTANCE? Be sure to include proof of current benefits of income!**

- ☐ SoonerCare / OKDHS / SSI (not Social Security) \*

\* SEND PROOF OF CURRENT BENEFITS (a copy of  
Benefits Letter or See OKDHSLive.org – NO copies of cards)

- ☐ Based on Gross Household Income #

# SEND PROOF OF INCOME / FAMILY SIZE \_\_\_\_\_  
# Include Gross Income for ALL members earning income

#### **\*\* PET INFORMATION \*\***

☐ Male Cat

☐ Female Cat

☐ Male Dog

☐ Female Dog

NAME OF PET (One Per Application)

COLOR

BREED (Dog – if known)

APPROX. WEIGHT (Dog)

APPROX. AGE

#### **FEES: INCLUDE CHECK OR MONEY ORDER PAYABLE TO BEST FRIENDS OF PETS FOR TOTAL FEES DUE.**

☐ \$10 Cat ☐ \$20 Dog **Spay/Neuter** Check age and weight limits in list of Participating Veterinary Clinics

☐ \$5 Cat or Dog **Rabies Vaccination** is required by state law for pets 12 weeks or older. You must present a valid rabies certificate to the veterinarian to avoid the rabies vaccination. If no proof is presented and payment is not included with this application, you are responsible for total payment of the rabies vaccination.

#### **How did you hear about Best Friends of Pets' Spay Neuter Assistance Program?**

☐ Friend/Family ☐ Flier/Brochure ☐ Internet ☐ Facebook ☐ Animal Shelter ☐ Used Before

☐ Other Location or name of item checked \_\_\_\_\_

I CONSENT TO THE SPAYING OR NEUTERING AND RABIES VACCINATION, IF REQUIRED, OF THE PET DESCRIBED ABOVE. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PET PARENT

DATE

#### **PART 2 – FOR BEST FRIENDS OF PETS' USE ONLY**

SIGNATURE OF BEST FRIENDS OF PETS SPAY NEUTER ADMINISTRATOR

DATE

→ → **EXPIRATION DATE OF SPAY NEUTER VOUCHER** ← ←

#### **PART 3 – VETERINARY INFORMATION (TO BE COMPLETED BY VETERINARY CLINIC / HOSPITAL)**

CLINIC / HOSPITAL NAME

DATE SPAYED / NEUTERED / RABIES VACCINATION

<b>BEST FRIENDS OF PETS - Spay Neuter Assistance Program</b>											
<b>Participating Veterinary Clinics by Location</b>											
		<b>PLEASE READ THE NOTES AND AGE / WEIGHT LIMITS</b>									
Location or Closest Major Intersection	Clinic	See Notes, page 2	Phone Number	Kittens Minimum Age	Kittens Minimum Weight	Puppies Minimum Age	Puppies Minimum Weight	Cats Maximum Age	Cats Maximum Weight	Dogs Maximum Age	Dogs Maximum Weight
Britton & Rockwell	Rockwell Pet Clinic	+ @	405-728-7387	12w		5m					40#
NW 43rd & MacArthur	Warr Acres Animal Clinic		405-787-9000	3m		3m					
SE 44th & Sunnyslane	Oakwood Veterinary Clinic		405-672-5574	6m		6m					
SW 85th & S. Western	South Western Pet Clinic		405-632-0584	14w		14w		7y		5y	45#
Meridian south of I-40	OK Humane Place Spay/Neuter Clinic	\$ + *	405-947-7729	2m	2#	2m	2#				
Choctaw	Town and Country Animal Hospital	\$ + @	405-769-5697	4m	3#	5m	3#	10y		10y	
Meeker	Meeker Animal Hospital		405-279-2727	2m	2#	4m	2#	5y	12#	3y	40#
Midwest City	Midwest Veterinary Hospital	+	405-732-4505	6m		6m					
Midwest City	Post Road Pet Clinic		405-732-4599	6m		6m					
Moore	SpayXperts	\$ + *	405-217-9700	12w	2#	12w	2#		18#		40#
Norman	Cats Only Veterinary Clinic	+	405-579-4228	12w	3#						
Norman	Main Street Veterinary Hospital	@	405-329-6555	10w	2#	10w	2#				
Norman	Thunderbird Veterinary Hospital		405-360-8990	16w	2#	16w	2#	10y		8y	100#
Seminole	Morphis Veterinary Services	\$ +	405-382-7777	8w	2#	8w	2#				
Tuttle	Get Fixed OK	\$ *	405-505-2545	8w	2#	8w	2#				150#
Wanette	Cedar Creek Veterinary Clinic	\$ +	405-383-2000	6w		6w					
Yukon	Yukon Pet Care Clinic	+	405-603-4800	6m	6#	6m	6#				

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<b>NOTES</b>											
\$	Discounted annual vaccinations available										
+	Pet owner may incur additional fees (i.e., post-op pain medications, flea control, surgery complications, over weight limit, etc.)										
+	Pain medications required. Pet owner may incur additional fees.										
@	Annual vaccinations required. Call clinic to see if these are required in advance or can be done the day of the surgery.										
*	Scheduling online is available										
blank	Veterinary clinic did not indicate any minimums or maximums										