

FOGAS Spay/Neuter Application

Name: _____

Daytime Phone: _____

Address: _____

Combined household income per month: \$_____

Number of people in household: _____

How many pets do you own? _____ Do you own or rent your home? _____

Animal Name: _____ Color: _____

Breed: _____ Weight: _____

What kind of animal? Dog or Cat - Male or Female

Has this animal been seen by a Vet? _____ Who? _____

A completely filled out application MUST BE mailed to the above address! If you do not mail your application - we will void your application!

Proof of residence may be required. Friends of Guthrie Animals Inc. A Board member may call you. Be sure to put a daytime phone. Please allow 2 to 4 weeks for the voucher to be mailed to the Vet. The Vet will call you to set up a surgery appointment. Invalid 30 days from the date on the voucher issue. This certificate is null and void if tail docking, ear cropping for any other mutilating procedure is done at the time of spaying/neutering.

Your Copayment is based on your application and choice of Vet.

I hereby give consent and authorize surgical sterilization of my pet and I understand the procedure.

I also understand there are certain risks and complications associated with any operation or procedure of this type. I further understand that, during the course of the surgery, unforeseen circumstances may arise that may necessitate the performance of additional procedures. I agree to pay the copayment of \$_____ to the participating veterinarian at the time of surgery and agree to have the surgical procedure performed within 30 days of the FOGAS approval date. I am the legal owner of the animal described above and I have the legal authority to execute this consent agreement. The above information is true and correct to the best of my knowledge.

Signature of Owner:

_____ Date: _____

Please indicate what you can pay for the surgery: \$_____

Fill Out Completely and MAIL to:

FOGAS P.O. Box 1557 Guthrie, OK. 73044

For more information, please call Von Coburn: 405.282.1320 email: voncoburn@kw.com. FOGAS is a small local organization made up entirely of unpaid volunteers.

Vet and FOGAS to fill out only:

Seal of FOGAS approval

Dated: _____

X _____ Seal:

X _____

Signature of Vet that they have surgically sterilized the described animals on this date.

Vet spay/neuter charge: \$ _____

Less 20% discount: \$ _____

Less copay: \$ _____

Amount billed to FOGAS \$ _____

Animal weight: _____

Pregnant/in heat: _____

FOGAS will have to approve any additional charges PRIOR to Surgery IF female is pregnant or in heat. No approval, no payment.

Please return paperwork with billing.

