

FOR ARLO USE ONLY: County \_\_\_\_\_ City \_\_\_\_\_



# FIX OKEMAH

## Spay/Neuter Incentive Program

### Application

Animal Rescue League of Okemah  
PO Box 214, Okemah OK, 74859  
fixokemah@gmail.com

#### OWNER INFORMATION:

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Do you live within Okemah City Limits? Y N

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

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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#### PET INFORMATION:

PETS NAME \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Breed \_\_\_\_\_ Color/Description \_\_\_\_\_ Age \_\_\_\_\_

How long have you owned? \_\_\_\_\_ Size for transport? S M L XL Estimated Weight \_\_\_\_\_

Vaccinations Current? Y N Heartworm Prevention? Y N Pet is kept? Indoor Outdoor Both

Pet allergic to any medications or anesthesia? Y N If yes, what kind? \_\_\_\_\_

#### Check what needs to be completed:

Spay/Neuter \_\_\_\_\_ Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Deworm \_\_\_\_\_ Cats FCVR \_\_\_\_\_

FEE: \$25 per animal \_\_\_\_\_

\$10 per animal \_\_\_\_\_ (MUST show proof of \$12,000 or less total household annual income)

(Checks payable to Fix Okemah. Returned check fee of \$25)

**\*\*CANCELLATIONS REQUIRED 24 HOURS IN ADVANCE FOR A FULL REFUND\*\***

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I agree to indemnify and hold harmless Animal Rescue League of Okemah, their volunteers and anyone assisting with transporting my animal to and from the clinic on the day of procedure for any loss or damages that may occur during services rendered. I certify that all information regarding my animal and myself is correct and true to the best of my knowledge.

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

ARLO Member \_\_\_\_\_

Date \_\_\_\_\_

Owner Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

ARLO Paid \_\_\_\_\_

Date Procedure completed: \_\_\_\_\_