

**Can I have my pet spayed or neutered (fixed) through this special program?**

- For **owned** pets. **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.
- Use one (1) application for each pet.

Automatic Qualification—Must be able to see name on proof:

- SoonerCare • OKDHS • SSI (not Soc. Sec.)
- Must show benefits are CURRENT. No cards. OKDHSLive or OHCA websites for login.

Family Size	Annual Income	Monthly Income
1	\$26,973	\$2,248
2	\$36,482	\$3,040
3	\$45,991	\$3,833
4	\$55,500	\$4,625
5	\$65,009	\$5,417
6 +	Call Best Friends of Pets	

Qualification based on gross household income:

- Soc. Sec. disability award letter
- Soc. Sec. statement • W-2 (NO paystubs)
- Fed. Form 1040, page 1 (2021 or 2022 if filed)

**How much does it cost?**

- **Spay / Neuter - FREE.**
- **Rabies vaccination—\$5** (at time of spay/neuter only).
- Only one check/money order and proof of benefits/income is needed for multiple pets.

**What do I need to do?**

Complete Part 1 including all Pet Information.

Mail to:

Best Friends SNAP  
PO Box 14547  
Oklahoma City, OK 73113-0547

Rabies vaccination - include a check or money order payable to *Best Friends of Pets*. If not included, we will approve your application, and you will have to pay clinic prices for this vaccination.

- Allow up to 2 weeks for processing.
- If you want your approved application emailed, watch for an email from us with Your Name—Your Pet’s Name in the subject line.

**I got my approved application, now what do I do?**

Call a participating clinic as soon as possible.

Tell them you have a Spay Neuter Assistance Program application and want to make an appointment.

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

**Questions?**

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

**Participating Clinics (See NOTES)**

- % Norman Animal Welfare  
3428 S. Jenkins Amy.Tyler@NormanOK.gov  
Will also do large dogs and pregnant or in heat cats and dogs
- + % Cats Only Veterinary Clinic  
1308 N. Interstate Dr. 405-579-4228
- @ % Main Street Veterinary Hospital  
3520 RC Luttrell 405-329-6555
- \$ + % SpayXperts  
1065 SW 4th St., Moore 405-217-9700  
**40# weight limit for dogs** (you will be charged if over this weight limit)  
Online scheduling available at spayxperts.com.
- \$ Thunderbird Veterinary Hospital  
1250 156th Ave. NE 405-292-0153

**NOTES**

- \$ Discounted annual vaccinations available
- + May incur additional fees
- @ Annual vaccinations required
- % Transportation may be available. Include a note that transportation is needed.



Norman Animal Welfare  
3428 S. Jenkins  
Norman, OK  
One block south of Highway 9  
405-292-9736



720 W. Wilshire Blvd., Ste 101-F  
Oklahoma City, OK  
405-418-8511  
BestFriendsOfPets.org

2023

**FREE  
Spay & Neuter for  
Norman Pets**

Low Income Proof Required  
Must live in Norman city limits

**Norman Animal Welfare and  
Best Friends of Pets  
are helping you get your pet  
spayed or neutered for FREE.**



**→→ PLEASE READ THE BROCHURE BEFORE  
COMPLETING APPLICATION ←←**

Are you tired of finding homes for litters of puppies or kittens?

Are you tired of your cat spraying or yowling or your dog running away?

Need to get your pet fixed but not sure if you can afford it?

**Online application at [stfrancisarc.org/ Resources/Spay and Neuter](http://stfrancisarc.org/Resources/Spay and Neuter)**

**Scroll down page to Online Application**



**Best Friends of Pets  
Spay Neuter Assistance Program  
Norman Low-Income Residents**

405-418-8511 🐾 PO Box 14547 🐾 Oklahoma City, OK 73113



**APPLICATION AND VOUCHER – NORMAN CITY LIMITS ONLY**

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

**FOR PET PARENTS**

- Send proof of benefits or income
- Complete all PET INFORMATION
- Include payment (if needed)  
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

2023

**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?**

- 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

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

- Cat – Free spay neuter       Dog – Free spay neuter
- \$5 Cat or Dog 12 weeks or older (if rabies vaccination is required). 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 APPLICATION ←←

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

CLINIC / HOSPITAL NAME

PHONE NUMBER

DATE SPAYED / NEUTERED / RABIES VACCINATION