

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.

Qualification based on gross household income:

- Soc. Sec. disability award letter
- Soc. Sec. statement • W-2 (NO paystubs)
- Fed. Form 1040, page 1 (2022 or 2023 if filed)

| 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 + | Call Best Friends of Pets | |

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 (SNAP) 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 Text 405-928-8518 or email Amy.Tyler@NormanOK.gov.

Vaccinations and microchips at no additional charge. 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

2024

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%20and%20Neuter)**

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

2024

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 ** | <input type="checkbox"/> Male Cat | <input type="checkbox"/> Female Cat | <input type="checkbox"/> Male Dog | <input type="checkbox"/> 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