

ALABAMA VETERINARY MEDICAL FOUNDATION SURGERY FORM SPAY – NEUTER LICENSE PLATE PROGRAM

Permit number _____

(Hospital must obtain before surgery through the ALVMF office)

Hospital Name _____

ALVMA Member Veterinarian's Name _____

Owner/Medicaid cardholder Name _____

Address _____

City, State, Zip _____

Phone _____

COPIES ATTACHED: Medicaid card Photo ID

Please attach copies of the pet owner's Medicaid card and Photo ID to this form. All testing and vaccination is at the discretion of the veterinarian and is at the owner's expense. We will only reimburse you for the spay/neuter surgeries.

Date of Surgery _____

Assistance provided by the Alabama Veterinary Medical Foundation

FELINE MALE

FELINE FEMALE

CANINE MALE

CANINE FEMALE

Pet Name: _____

Color : _____

Breed: _____

Age: _____

I certify that the above spay/neuter surgery has been performed in accordance with program requirements.

Signature of Participating Veterinarian (REQUIRED)

(Signature must be the veterinarian named at the top of the form)

I certify that I have had no more than a total of 2 pets in my household altered by veterinarians participating in the ALVMF Spay Neuter Program during the current calendar year. I authorize the transfer of this information to ALVMF.

The veterinarian performing the surgery reserves the right to apply additional charges at their discretion for service including, but not limited to, patients who are in heat, pregnant, senior, or large breed.

Parent Guardian

Signature of Pet Owner/Cardholder (REQUIRED)

Please indicate if the parent or guardian is signing this form on behalf of the minor Medicaid Cardholder. Please note any special circumstances below:

Notes: _____

AT THE END OF THE MONTH SEND A COPY OF THIS FORM WITH MEDICAID CARD, DRIVER'S LICENSE, AND THE "PROGRAM MONTHLY REPORTING FORM" TO:

**ALVMF -S/N PROGRAM
P.O. Box 640279
PIKE ROAD, AL 36064**

FORMS WILL ALSO BE ACCEPTED THROUGH FAX (334-513-2993) OR EMAIL (TBEASLEY@BEASLEYMGMT.NET)