

ALABAMA VETERINARY MEDICAL FOUNDATION
SPAY – NEUTER LICENSE PLATE PROGRAM

Program Reporting To ALVMF

To participate in the ALVMF S/N License Plate Program, veterinary hospitals must provide ALVMF with the data requested below for each month in which program surgeries are performed. Reports must be for a calendar month and are due by the 10th of the following month. Send this form with originals of the surgery forms. Please maintain copies of this and all surgery forms in the hospital files.

VETERINARY HOSPITAL CONTACT INFORMATION

NAME OF VETERINARY HOSPITAL		
NAME OF DOCTOR		
ADDRESS		
CITY	COUNTY	STATE
ZIP CODE	TELEPHONE	FAX
E-MAIL ADDRESS	CONTACT (Name/Title)	CONTACT TELEPHONE

S/N SURGERY STATISTICS

DATE OF REPORT (Month / Year)						
S/N SURGERIES	CATS		DOGS		DEATHS	
	Female	Male	Female	Male	Female	Male
S/N LICENSE PLATE PROGRAM						

Signature: _____

Date: _____