

Pet Overpopulation Control Program

Veterinarian's Monthly Invoice

Fill out completely and submit within 10 days following the end of the month to:

Oklahoma Veterinary Medical Association
P.O. Box 14521
Oklahoma City, OK 73113

Veterinary Facility: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Participating Veterinarian(s): **(MUST be OVMA Member)**

Name: _____ OK Veterinary License #: _____ Signature: _____

Name: _____ OK Veterinary License #: _____ Signature: _____

Name: _____ OK Veterinary License #: _____ Signature: _____

Name: _____ OK Veterinary License #: _____ Signature: _____

Vendor Identification (Fed. Tax ID # or SS#): _____

Monthly Summary

		Column 1	Column 2	Column 3 (Col. 1 x 2)	Column 4 (80% x Col 3)
Procedure	Animal(s) Name	Unit Cost	# of Surgeries	Sub-Total	Total
Canine Ovariohysterectomy Up to 25#					
Canine Ovariohysterectomy 26 - 50#					
Canine Ovariohysterectomy 51 - 75#					
Canine Ovariohysterectomy Over 75#					
Feline Ovariohysterectomy (Any weight)					
Canine Orchiectomy Up to 25#					
Canine Orchiectomy 26 - 50#					
Canine Orchiectomy 51 - 75#					
Canine Orchiectomy Over 75#					
Feline Orchiectomy (Any weight)					
Totals					

Total Amount Due: (Totals from Column 4)..... \$ _____
 (Over)

Attach copies of Owner Application and Consent Form for each surgery performed.

Certification: To the best of my knowledge and belief, the above is a true and correct compilation and that no additional funds(except co-payment amount) were received for the services listed.

Facility Representative's Signature: _____ Title: _____

Date: _____

Notarization: Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires: _____

[SEAL]

Notary's Signature: _____

Mail to:

Oklahoma Veterinary Medical Association
PO Box 14521
Oklahoma City, OK 73113

For office use only:	
Administrator Approval _____	Disapproval _____
Signature: _____	Date: _____