



Maddie's[®] Spay/Neuter Project in
Erie County, New York
Surgery Form
Medicaid Client
Erie County Residents Only

Please copy this form and submit one for each low-income cat altered through Maddie's[®] Spay/Neuter Project. Only the spay or neuter procedure will be reimbursed. All other procedures or treatments are optional.

For Medicaid Client to fill out (Mandatory):

Client Name _____
Address _____
City, State, Zip _____
Medicaid Number _____
Driver's License/ Photo ID Number _____
Cat Name _____
Breed _____ Age _____
Has this cat received veterinary care prior to this program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you acquire your companion cat? _____
Co-payment: \$10.00 per cat surgery

*****Attach a photocopy of Medicaid card and driver's license/ other photo ID required*****

Clinic Name _____
Veterinarian _____
Date of Surgery _____ Pet's Weight _____
Procedure: <input type="checkbox"/> Cat Neuter <input type="checkbox"/> Cat Spay
Medical Notes: _____

I certify that I have had no more than a total of 6 animals in my household altered by veterinarians participating in the Maddie's[®] Spay/Neuter Project in Erie County. I authorize transfer of this information to Operation PETS and Maddie's Fund[®].

I certify that the above spay/neuter surgery has been performed under the guidelines of Maddie's[®] Spay/Neuter Project.

Client Signature

Veterinarian Signature