



Delaware Spay & Neuter Program Complications Invoice

INSTRUCTIONS: COMPLETE PARTS 1 AND 2 FOR ROUTINE COMPLICATIONS, AND 1 AND 3 FOR NON-ROUTINE COMPLICATIONS. ATTACH TO APPLICABLE *APPLICATION CHECKLIST AND SURGERY INFORMATION FORM*.

Authorized under TITLE 3, CHAPTER 82, SUBCHAPTER II. Falsification of information is subject to an administrative fine of \$250 per instance.

PART 1 – ANIMAL INFORMATION

NAME OF PATIENT		OWNER'S NAME	
AGE (MONTH/DAY/YEAR)	SEX	BREED	WEIGHT

PART 2 – STANDARD COMPLICATIONS

- | | |
|---|--|
| <input type="checkbox"/> Estrus | <input type="checkbox"/> Pyometra |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Cryptorchid |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Extra Large – 75 lbs. or more |
| <input type="checkbox"/> Older than 5 Years (if additional blood work needed) | <input type="checkbox"/> Brachycephalic Breeds (cats and dogs) |

PART 3 – NON-ROUTINE SURGICAL COMPLICATIONS

STABILIZE THE ANIMAL if it experiences emergent, spontaneous complications in surgery or postoperatively, treat it according to your normal protocol. Next, **CONTACT** the Spay & Neuter Program Coordinator immediately.

- On a daily basis, provide an estimated cost of care for the animal to the Spay & Neuter Program Coordinator. Costs will be reviewed and approved by the Office of Animal Welfare.
- When deemed necessary, the Office of Animal Welfare or a designee may contact the provider to discuss reimbursement decisions.

Record non-routine surgical complications: (If necessary, attach additional sheets.)

- DESCRIBE THE COMPLICATION AND TREATMENT

- OUTCOME

- COSTS (DETAIL INVOICE)

I HEREBY ATTEST THAT THE INFORMATION REGARDING THE ABOVE REFERENCED COMPLICATIONS IS ACCURATE.

Name of veterinarian who performed surgery (Must participate in the Spay & Neuter Program)	Delaware veterinarian license number	Date
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