



Delaware Spay & Neuter Program Shelter or Clinic Rates Invoice Summary

Name _____

Phone/FAX _____

Spay & Neuter Program
 Office of Animal Welfare
 1901 N. DuPont Hwy.
 Carvel Building, Lower Level
 New Castle, DE 19720

PROVIDER INSTRUCTIONS: Complete the provider invoice Summary of Services on this page, and provider Invoice Detail on the reverse page. Submit both to the Spay & Neuter Program coordinator at the above address.

Summary of Services rendered and detailed on enclosed itemized invoices

	NUMBER	UNIT PRICE	SUBTOTAL
<u>DOGS</u>			
Female Dogs Spayed (50 lbs. or less)		100.00	
Female Dog(s) Spayed (51 lbs. or more)		125.00	
Male Dog(s) Neutered (50 lbs. or less)		75.00	
Male Dog(s) Neutered (51 lbs. or more)		75.00	
Rabies Vaccinations - <i>Attach copy of each certificate.</i>		10.00	
<u>CATS</u>			
Female Cat(s) Spayed		60.00	
Male Cat(s) Neutered		30.00	
Rabies Vaccinations - <i>Attach copy of each certificate.</i>		10.00	
ROUTINE SUB-TOTALS			\$
Standard Complications - \$25 per complication up to 2 per animal (Enclose <i>Spay & Neuter Program Complications Invoice.</i>)		25.00	\$
Non-Routine Complications - (Enclose <i>Spay & Neuter Program Complications Invoice.</i>)			\$
GRAND TOTAL FOR MONTH OF _____			\$
FOR STATE USE ONLY			

Payee Declaration: I CERTIFY THAT THIS INVOICE IS ACCURATE AND COMPLETE.

 Name (Print) Title Signature Date

FOR STATE USE ONLY

INVOICE APPROVED BY OFFICE OF ANIMAL WELFARE SPAY & NEUTER PROGRAM COORDINATOR FOR PAYMENT TO PAYEE ABOVE.

 Signature Date

Delaware Spay & Neuter Program Shelter or Clinic Rates Invoice Detail

Spay & Neuter Program
Office of Animal Welfare
1901 N. Du Pont Hwy.
Carvel Building, Lower Level
New Castle, DE 19720

Date: _____
Invoice No.: _____ (State Use Only)

Please enclose the approved *Application for Sterilization of a Stray Dog or Cat by Approved 501(c)(3)* form for each animal listed below, with completed surgery information and signature of the veterinarian(s) who performed each procedure. Also complete *Surgical Complications Invoice* form(s), if applicable.

#	Procedure Date	Owner or Non-Profit Name	Species (Check one)		Female or Male (Check One)		Weight (For dogs only)		Rabies Vaccine given (Check One)		Rate to be Reimbursed (See Below)
			Cat	Dog	Female	Male	< 50 lbs	> 50 lbs	Yes	No	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL REIMBURSEMENT AMOUNT DUE:											

SHELTER OR CLINIC REIMBURSEMENT RATES	
Female Dog, 50 lbs. or less, no rabies vaccination given - \$100	Female Dog 50 lbs. or less, rabies vaccination given - \$110
Female Dog, 51 lbs. or more, no rabies vaccination given - \$125	Female Dog 51 lbs. or more, rabies vaccination given - \$135
Male Dog, 50 lbs. or less, no rabies vaccination given - \$75	Male Dog, 50 lbs. or less, rabies vaccination given - \$85
Male Dog, 51 lbs. or more, no rabies vaccination given - \$75	Male Dog, 51 lbs. or more, rabies vaccination given - \$85
Female Cat, no rabies vaccination given - \$60	Female Cat, rabies vaccination given - \$70
Male Cat, no rabies vaccination given - \$30	Male Cat, rabies vaccination given - \$40
Complications - \$25 per complication, up to two complications per animal. Please enclose applicable Surgical Complications Invoice(s) with this invoice. Complication types: estrus; pyometra; pregnancy; obesity; older than 5 years, if extra blood work is required; cryptorchid; extra large – 75 lbs. or more.	