



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

## Delaware Spay & Neuter Program Non-Profit Clinic and Shelter Provider Agreement

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone/FAX:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Representative:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**INSTRUCTIONS**

- Complete all three copies of this Agreement.
- Send all three copies to the Office of Animal Welfare with proof of authorized signer (copy of Articles of Incorporation and/or Corporate By-Laws).
- One signed copy will be returned as approval to participate as a provider.
- Complete the online *Delaware Substitute Form W-9* found under "Services" at [www.accounting.delaware.gov](http://www.accounting.delaware.gov).

### AGREEMENT

I understand that as a Spay/Neuter Clinic or Shelter provider, I will be reimbursed for the entire surgical neuter or spay procedure(s) as outlined in the attached fee page, unless I provide a lower rate to individuals or organizations, which thereby limits my reimbursement to that lower level. The fee schedule will be in effect from this date forward unless notification is provided by the Spay & Neuter Program ("the Program") no less than 30 days prior to such change. I further understand that if Program funds become depleted, I will be notified at least 30 days in advance to stop accepting clients under this Program.

I understand that the procedures provided under the Program may only be applied to animals that originated in Delaware.

I agree to allow members of the Spay & Neuter Program access to surgical records upon request. I agree to have the veterinarian document the surgical procedure on both the pet *Surgery Information* form and the appropriate surgical records at the facility. Surgical complications will be documented in these records so that reimbursement may be established at a reasonable rate with the Delaware Division of Public Health's Office of Animal Welfare.

I understand that this is a voluntary program and the Spay & Neuter Program personnel or I may reassess my participation in the Program at any time. In response to concerns expressed by Program participants, I understand that I may be subject to inspections of the premises and inquiry regarding these concerns. I understand that termination of my participation can occur at the request of either party and requires written notification within 10 days prior to the termination.

I agree to submit complete and correct monthly invoices, along with the approved pet Surgery Information forms signed by the veterinarian who performed the procedure, within 15 days of the end of the month in which the neutering surgery was performed. I understand that reimbursement will only be made for eligible patients pre-approved by the Spay & Neuter Program, as indicated on the *Spay & Neuter Program Application for Sterilization of a Stray Dog or Cat by Approved 501(c)(3)* form. There will be no reimbursement for surgical procedures on animals not pre-approved by the program.

I understand that a failure to pay rabies surcharges as required by law will result in the termination of my participation as a procedure provider in the Program. I agree to maintain copies of rabies vaccination certificates for a minimum of 12 months after the expiration date of the vaccination. I agree to allow members of the Spay & Neuter Program access to vaccination certificates upon request. The vaccination certificate will clearly indicate the location where vaccination was performed.

I understand that as a clinic/shelter participant, I will be listed in the directory provided to program applicants. I understand that by agreeing to be listed in the directory, I also agree to accept patients that have met the qualification requirements.

I certify that I have read, understand and agree with all statements above.

Name (Please print legibly)	Title	Signature	Date
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LIST THE NAME AND DELAWARE LICENSE NUMBER OF EACH PARTICIPATING VETERINARIAN EMPLOYED BY CONTRACTED BY THIS PRACTICE ON THE REVERSE PAGE. If additional spaces are required, please list on separate sheet.



**SPAY / NEUTER CLINIC AND SHELTER REIMBURSEMENT FEES**

<b>Weights</b>	<b>Female Dogs</b>	<b>Male Dogs</b>	<b>Female Cats</b>	<b>Male Cats</b>
50 lbs. or less	\$ 100.00	\$ 75.00		
51 lbs. or more	\$ 125.00	\$ 75.00		
Any Weight			\$ 60.00	\$ 30.00

The reimbursement fees are intended to cover the following components of procedures within the Program:

- Pre-surgical examination;
- Appropriate anesthesia;
- Surgical procedure; and
- Post-operative care, including appropriate pain management.

The Spay & Neuter Program will reimburse \$10 for a rabies vaccination, if needed. Program participants will still be accountable for the \$3 surcharge to the Spay & Neuter fund.

**Clinic/Shelter veterinarians to participate in the Spay & Neuter Program:**

\_\_\_\_\_  
 Name – Please print clearly. \_\_\_\_\_  
 DE veterinarian license number

\_\_\_\_\_  
 Name – Please print clearly. \_\_\_\_\_  
 DE veterinarian license number

\_\_\_\_\_  
 Name – Please print clearly. \_\_\_\_\_  
 DE veterinarian license number

\_\_\_\_\_  
 Name – Please print clearly. \_\_\_\_\_  
 DE veterinarian license number

\_\_\_\_\_  
 Name – Please print clearly. \_\_\_\_\_  
 DE veterinarian license number

\_\_\_\_\_  
 Name – Please print clearly. \_\_\_\_\_  
 DE veterinarian license number

**STATE USE ONLY**

\_\_\_\_\_  
 Signature of Office of Animal Welfare Spay & Neuter Program Coordinator \_\_\_\_\_  
 Date of Approval

\_\_\_\_\_  
 Signature of Karyl T. Rattay, MD, MS, Director, DPH \_\_\_\_\_  
 Date of Approval