



## Delaware Spay & Neuter Program Surgery Provider Agreement

Practice/Clinic Name: \_\_\_\_\_

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

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

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

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

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

### INSTRUCTIONS

- Complete this Agreement.
- Mail with proof of authorized signer (copy of Articles of Incorporation and/or Corporate By-Laws), to Spay & Neuter Program, 1901 N. Du Pont Hwy., Carvel Building, Lower Level, New Castle, DE 19720.
- 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

\_\_\_\_\_  
Initial Here I agree to provide sterilization procedures for cats and dogs approved by the State of Delaware Spay & Neuter Program. I understand that as a veterinary practice 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.

\_\_\_\_\_  
Initial Here I understand as a participant, I will be reimbursed for the entire surgical neutering procedure as outlined in the attached fee page, unless I normally charge a lower rate to individuals or organizations, which thereby limits my reimbursement to that lower level. I understand my veterinary practice/clinic must collect a \$20 copay from income-eligible clients upon pet drop-off prior to surgery. 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.

\_\_\_\_\_  
Initial Here I understand that any procedures performed for non-profit organizations may only be applied to homeless cats and dogs that originated in Delaware.

\_\_\_\_\_  
Initial Here 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 appropriate Spay & Neuter Program surgery certificate form and the appropriate surgical records at the facility. Surgical complications will be documented in these records so that reimbursement can be established at the predetermined complication rate with the Delaware Division of Public Health's Office of Animal Welfare.

\_\_\_\_\_  
Initial Here I agree to submit accurate monthly invoices, along with completed Spay & Neuter Program surgery certificate forms signed by the veterinarian who performed the procedure, within 15 days of the end of the month in which the sterilization surgery was performed. Inaccurate invoices will be returned to the provider for correction, which will delay payment. I understand that my practice/clinic will forfeit reimbursement for any sterilization surgeries that are not invoiced to the Program coordinator within 30 days after the sterilization surgery. I understand that reimbursement will only be made for eligible patients pre-approved by the Spay & Neuter Program, as indicated on Spay & Neuter Program surgery certificate forms. There will be no reimbursement for surgical procedures on animals not pre-approved by the program.

\_\_\_\_\_  
Initial Here 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 and will 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.

\_\_\_\_\_  
Initial Here I understand that this is a voluntary program and the Spay & Neuter Program personnel, or I can 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.

**If you are a for-profit practice and want to be added to the directory of practices/clinics providing services to non-profit 501c3 rescues, and agree to the *Spay Neuter Non-Profit Reimbursement Fees* listed on page 2 for animals in the care of participating Non-profit rescue organizations, please check YES.**  **YES**  **NOT AT THIS TIME**

\_\_\_\_\_  
Initial Here I certify that I have read, understand, and agree with all statements above.

\_\_\_\_\_  
Name – Please print clearly

\_\_\_\_\_  
DE veterinarian license number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



SPAY / NEUTER <b>FOR-PROFIT</b> REIMBURSEMENT FEES*				
Weight	Female Dogs	Male Dogs	Female Cats	Male Cats
Any Weight	\$ 240	\$ 195	\$ 150	\$ 110
Complication Fee (limited to two (2) per animal)				\$ 50
SPAY / NEUTER <b>NON-PROFIT</b> REIMBURSEMENT FEES*				
Weight	Female Dogs	Male Dogs	Female Cats	Male Cats
Any Weight	\$ 150	\$ 125	\$ 66	\$ 50
Complication Fee (limited to two (2) per animal)				\$ 50

**\*Rates are effective 8/1/20. All income eligible Spay & Neuter Program surgeries will be reimbursed less the \$20 copay to be paid upon pet drop off prior to surgery.**

The reimbursement fees shall cover the following components of procedures within the Program:

- Pre-surgical examination;
- Appropriate anesthesia including pain medication;
- Up to two complications & surgical procedures including estrus, pyometra, pregnancy, obesity, blood work if older than 5 years; cryptorchid; brachycephalic breeds; and extra-large animals (75 lbs. or more).; and
- Post-operative care, including take home pain management & E-collar.

The provider may not charge the client for these services as they are included in the state's reimbursement. The client shall be responsible for the payment of any other fees for services mutually agreed upon with the veterinarian that are not covered under this program

The Spay & Neuter Program will reimburse \$13 for a rabies vaccination, if one is administered. The \$3 rabies vaccination surcharge mandated by law must be deducted from the \$13 reimbursement. The cost shall not be passed along to the client.

**Practice 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

**STATE USE ONLY**

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

\_\_\_\_\_  
 Date of Approval

\_\_\_\_\_  
 Christina Motoyoshi, Director, OAW

\_\_\_\_\_  
 Date of Approval