



Delaware Spay & Neuter Program Income Eligible Information and Requirements

About the Delaware Spay & Neuter Program

The Delaware Spay & Neuter Program, administered through the Delaware Division of Public Health Office of Animal Welfare, offers low-cost spay and neuter surgeries for cats and dogs owned by Delaware residents. The Spay & Neuter Program works in coordination with participating spay and neuter surgical providers throughout Delaware. Surgeries are performed by licensed veterinarians.

The program is funded through a \$3 surcharge on all rabies vaccinations administered in Delaware and \$20 per-pet co-pay submitted by applicants who are eligible to participate in the program. Funds paid to the Spay & Neuter Program are used to subsidize pre-surgical medical evaluations, spay or neuter surgeries, rabies vaccinations, and routine post-surgical care by participating surgery providers.

How it works

For \$20 per pet, income-eligible applicants who qualify for the Spay & Neuter Program may have up to three of their cats and/or dogs spayed or neutered per state fiscal year (from July 1 to June 30). Upon application approval, applicants/pet owners must schedule spay or neuter surgeries with participating surgery providers. The applicant/pet owner must submit the approved *Delaware Spay & Neuter Program Income Eligible Application/Application Checklist and Surgery Information* form to the surgery provider at the time of surgery. After the surgery, the surgery provider will send an invoice to the Spay & Neuter Program to be reimbursed for their services.

Eligibility requirements

To qualify for the low income Spay & Neuter Program, applicants must be Delaware residents, own an animal from Delaware, and participate in at least one of the assistance programs listed on the Delaware Spay & Neuter Program Income Eligible Application.

New applications are required for pets that are not listed on a previous application.

Surgery requirements

Application approval is required before a pet's surgery can be scheduled. It is the responsibility of the applicant/pet owner to ask upon scheduling the spay or neuter surgery whether the veterinarian requires other care, tests, or vaccines. The pet owner will be responsible for any extra charges incurred for additional care, tests, or vaccines that may be required by participating facilities. If the pet owner refuses any additional care, tests, or vaccines, the veterinarian may elect not to perform the spay or neuter procedure.

Pets who do not have a current immunization against rabies at the time of surgery will receive a rabies vaccination. This vaccination is covered under the \$20 co-pay.

Pet owners must follow pre-surgical and post-surgical care instructions given by the surgery provider to ensure the health and well-being of their pet(s).



Delaware Spay & Neuter Program Income Eligible Instructions

STEP 1: Complete the *Delaware Spay & Neuter Program Income Eligible Application*. Be sure to fill out the pet owner information, pet owner eligibility, and pet information sections, and sign the form. Incomplete applications will not be processed.

STEP 2: Complete the *Delaware Spay & Neuter Program Application Checklist (PART 1: TO BE COMPLETED BY THE APPLICANT/PET OWNER)* on Page 2 of the *Delaware Spay & Neuter Program Income Eligible Application*, and sign the checklist.

STEP 3: Enclose a \$20 **money order** or **bank-certified check** payable to the **State of Delaware – Division of Public Health** for each pet listed on the application. If applying to have more than one pet spayed or neutered, the applicant may submit one money order or bank-certified check for \$20 multiplied by the number of pets. (Example: Two pets would require a \$40 money order.) **Personal checks will not be accepted.**

STEP 4: Enclose a copy of your valid State of Delaware driver's license or identification card.

STEP 5: Send your completed *Income Eligible Application* and *Application Checklist* forms, money order, or bank-certified check, and a copy of your driver's license or identification card to:

Spay & Neuter Program
Applications
Carvel Building, Lower Level
1901 N. Dupont Hwy.
New Castle, DE 19720

If your application is approved, it will be returned to you with an approval from the Spay & Neuter Program Coordinator and a list of participating program surgical providers. Applicants who are not eligible to participate in the program will receive a denial letter and refund for the amount paid to the program.

Please allow up to 30 days after mailing your application to receive an approval. To check if your application was received, contact the issuer of your money order or bank certified check and ask if and when it was cashed. If after 30 days you have not received an approved form or denial letter, you may contact the Spay & Neuter Program coordinator to check the status of your application.

STEP 6: Upon receipt of your approved application, contact one of the participating spay and neuter surgery providers to schedule surgery for each pet listed on your application. **Do not** schedule your appointment prior to receipt of your approved application. **Do not** schedule your appointment past the expiration date indicated at the bottom of your approved application.

STEP 7: Submit your approved *Spay & Neuter Program Income Eligible Application* and *Application Checklist* forms to the surgical provider when you drop off your pet(s) for surgery. If you forget to bring this form to your appointment, your pet's surgical procedure(s) may be delayed.

Spay & Neuter Program contact information

Should you have any questions about this process, contact the Spay & Neuter Program Coordinator at (302) 255-4620.



Delaware Spay & Neuter Program Income Eligible Application

You may apply to have up to three pets (cats or dogs) spayed or neutered per state fiscal year (July 1 – June 30). A new application is required each fiscal year and/or for additional pets not listed below. Authorized under TITLE 3, CHAPTER 82, SUBCHAPTER II: Any falsification of information is subject to an administrative fine of up to \$250.

PET OWNER INFORMATION

WRITE LEGIBLY

Pet owner name: _____ DOB: _____ Last 4 digits of SS #: _____

Street No.: _____ Apt.: _____ City: _____ ZIP code: _____

Home Phone No.: _____ Alternate Phone No.: _____

How did you hear about the Spay & Neuter Program? _____

Name(s) of person(s) to drop off the pet(s) for surgery: _____

PET OWNER ELIGIBILITY

You must receive benefits from at least one of the following programs to qualify for the Spay & Neuter Program. Please check any program(s) from which you receive benefits:

- Temporary Assistance to Needy Families (TANF)
- DE Medical Assistance (Medicaid, DPAP, QMB, etc.)
- General Assistance
- Food Stamps
- Women, Infants and Children (WIC)
- The Department of Health and Social Services will verify participation in the above programs.*
- Supplemental Security Income (SSI) - *designed to help aged, blind, and disabled people who have little or no income. This is not standard retirement or widow benefit. - Include proof of benefit letter.*
- Social Security Disability - *Include proof of benefit letter.*
- Veterans Administration Disability Compensation with disability rating of 50% or higher - *Include proof of benefit letter.*

PET INFORMATION

Name	Gender	Species	Breed	Age
1. _____	M F	Cat Dog	_____	_____
2. _____	M F	Cat Dog	_____	_____
3. _____	M F	Cat Dog	_____	_____

I hereby consent to the surgical spaying or neutering of my cat(s) and/or dog(s) by a Delaware licensed veterinarian. If my pet is not currently immunized against rabies, I hereby consent to the administration of a rabies immunization to my pet at the time of the surgical procedure. I understand that some veterinary practices may require additional care, tests, or vaccines, and I am responsible to pay for these extra services. I understand it is my responsibility to ask whether the veterinarian requires other care, tests, or vaccines when I call to schedule the spay or neuter surgery. I understand that if I reject these tests, the veterinarian may elect not to perform the spay or neuter procedure. I understand I need to follow pre-surgical and post-surgical care instructions given to me by the surgery provider. I understand there are inherent risks involved in medical procedures and surgery.

I agree to pick up my animal(s) at the designated time. I understand if I have not picked up my pet within 24 hours of that time, my pet will be transferred to Animal Control.

This agreement expires 6 (six) months from the date of approval and my co-payment will not be returned unless approval is given by the Spay & Neuter program. I agree to update the Spay & Neuter Program Coordinator if my contact information changes. I agree to provide feedback on my experience with the Program to the coordinator in a timely manner. I agree to notify the Spay & Neuter Program coordinator if I decide not to follow through with the spay/neuter surgery.

I authorize release of the information above for the purpose of determining my eligibility for the Spay & Neuter Program.

Signature of pet owner: _____ Date: _____

For State Use Only – Applicant Approval			
_____	_____	_____	_____
Program Coordinator Approval	Approval Date	Application Number	Expiration Date



Delaware Spay & Neuter Program Application Checklist and Surgery Information

PART 1 - APPLICATION CHECKLIST: TO BE COMPLETED BY THE APPLICANT/PET OWNER

Complete the *Income Eligible Application*, verify completion of the below items and sign your name.

Place a check mark in the box next to the completed or included information:

- Complete pet owner information on the *Income Eligible Application*.
- Complete the pet owner eligibility section on the *Income Eligible Application*.
- Complete pet information for each pet to be spayed or neutered on the *Income Eligible Application*.
- Enclose a proof of benefit letter. *For those who receive Social Security Supplemental Security Income or Disability, or Veterans Administration Disability Compensation with disability rating of 50% or higher.*
- Sign the consent clause on the *Income Eligible Application*.
- Enclose a \$20 money order or bank-certified check for each pet listed on the application.
- Enclose a photocopy of pet owner's Delaware identification card (driver's license).

I HEREBY ATTEST THAT I HAVE COMPLETED OR INCLUDED THE ABOVE INFORMATION. I UNDERSTAND MY APPLICATION WILL NOT BE PROCESSED IF ANY REQUIRED INFORMATION IS MISSING.

Signature of pet owner: _____ Date: _____

Mail the completed *Delaware Spay & Neuter Program Application* and required enclosures to:

Spay & Neuter Program Applications
Carvel Building, Lower Level
1901 N. Dupont Hwy.
New Castle, DE 19720

PART 2 - SURGERY INFORMATION: TO BE COMPLETED BY THE SURGICAL PROVIDER

Please complete the following information and return this form to the program coordinator with the corresponding *Income Eligible Application* form and your monthly Spay & Neuter Program invoices. List any complications below and detail those complications on a *Complications Invoice* form.

Hospital/Clinic Name: _____ Phone No.: _____

Patient Name	Gender	Species	Breed	Age	Weight
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1. _____ M F Dog Cat _____

Date sterilized: _____ Was a rabies vaccine given? Y N Microchip No., tattoo or other ID: _____

Were there any complications with this patient? Y N If yes, list complication type: _____

2. _____ M F Dog Cat _____

Date sterilized: _____ Was a rabies vaccine given? Y N Microchip No., tattoo or other ID: _____

Were there any complications with this patient? Y N If yes, list complication type: _____

3. _____ M F Dog Cat _____

Date sterilized: _____ Was a rabies vaccine given? Y N Microchip No., tattoo or other ID: _____

Were there any complications with this patient? Y N If yes, list complication type: _____

I HEREBY ATTEST THAT THE PROCEDURES INDICATED WERE PERFORMED ON THE ANIMAL(S) AS RECORDED ABOVE.

Name of veterinarian who performed surgery
(must participate in the Spay & Neuter Program)

Delaware veterinarian license number