



Delaware Spay & Neuter Program Complications Invoice

INSTRUCTIONS: PLEASE COMPLETE PART 1 AND 2 FOR STANDARD COMPLICATIONS. ATTACH TO INCOME-ELIGIBLE & NON-PROFIT CERTIFICATES OF SURGERY.

PART 1 – ANIMAL INFORMATION

NAME OF PATIENT _____ OWNER'S NAME _____

AGE (MONTH/DAY/YEAR) _____ SEX _____ BREED _____ WEIGHT _____

PART 2 – STANDARD COMPLICATIONS

- Estrus
- Pregnancy
- Obesity
- Older than 5 Years (If additional blood work needed)
- Pyometra
- Cryptorchid
- Extra Large – 75 lbs or more
- Brachycephalic Breeds (cats and dogs)

Should you have any questions, contact the Spay & Neuter Program Coordinator at (302) 255-4632 or email spayneuter@delaware.gov.

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

Name of veterinarian who performed surgery **Delaware license No.** **Date**
 (Veterinarian must participate in the
 Spay & Neuter Program)