



## Delaware Spay & Neuter Program Non-Profit Surgery Provider Agreement

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

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

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

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

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

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

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

### INSTRUCTIONS

- Complete this Agreement.
- Mail form and any related documents to:  
**Spay & Neuter Program**  
**Office of Animal Welfare**  
**1901 N. Du Pont Hwy.**  
**Carvel Building, Lower Level**  
**New Castle, DE 19720**
- First time participants must include copy of Articles of Incorporation and/or Corporate By-Laws.
- One signed copy will be returned as approval to participate as a provider.

### AGREEMENT

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. I understand that as a veterinary practice participant, I determine how many clients my participating practice can accommodate.

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.

I agree to allow Office of Animal Welfare (OAW) 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.

I agree to submit accurate monthly invoices to OAW, along with completed Spay & Neuter Program surgery certificate forms signed by the veterinarian who performed the procedure, by the last day of the month following services. Inaccurate invoices will be returned to the provider for correction, which will delay payment. 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.

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 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. 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.

Please check all that apply:

- I agree to accept Income-Eligible Certificates of Surgery and NON-PROFIT Certificates of Surgery and agree to the *Spay Neuter Non-Profit Reimbursement Rates* listed below.
- I choose to be removed from the Delaware Spay & Neuter Program and request to stop accepting clients under this Program only after 30 days past the Agreement form date of submission.

<b>Spay &amp; Neuter Program Reimbursement Rates</b>			
<b>Non-Profit Providers</b>			

Female Dogs	Male Dogs	Female Cats	Male Cats
\$150	\$125	\$66	\$50
Complication Fee (limited to two (2) per animal) \$50 each			

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.

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

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

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

LISLIST THE NAME AND DELAWARE LICENSE NUMBER OF EACH PARTICIPATING VETERINARIAN EMPLOYED OR CONTRACTED BY THIS PRACTICE ON THE REVERSE PAGE. If additional space is required, continue on separate sheet.

**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

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Name – Please print clearly

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DE veterinarian license number

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**STATE USE ONLY**

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

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

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

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