



Delaware Spay & Neuter Program Application for Sterilization of a Stray Dog or Cat by Approved 501(c)(3)

INSTRUCTIONS FOR 501(c)(3) ORGANIZATION:

The 501(c)(3) must be approved before participating in the Office of Animal Welfare Spay & Neuter Program. Applications [one for up to 5 (five) animals] must be pre-approved by the Office of Animal Welfare before surgery. Retain a copy of the application and Rabies Certificate(s) received by the surgery provider.

INSTRUCTIONS FOR PARTICIPATING SURGERY PROVIDER:

Submit this form, completed through Part 3 on the reverse side, with an invoice and copy of Rabies Certificate(s) to the Office of Animal Welfare Spay & Neuter Program coordinator for reimbursement. Return a copy of this form and Rabies Certificate to the 501(c)(3) for their records. Retain a copy of this form and Rabies Certificate for your records.

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

Phone/Fax: _____ / _____

EIN #: _____

ANIMAL INFORMATION

PART 2: TO BE COMPLETED BY THE 501(c)(3)

At minimum, the species is required. If other categories or clinic to be performing the procedure are not known at the time of pre-approval, the highest amount applicable will be assessed against allocated funds pending invoice receipt for the procedure.

Species		Sex		Weight (Only Applicable to Dogs)		Rabies Vaccination Needed?		Registration Number (State use only)
Dog	Cat	Female	Male	50 lbs. or less	50 lbs. or more	Yes	No	
1. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Complete detailed information for each animal listed above on Page 2.



ANIMAL INFORMATION (CONTINUED)

- 1. _____
 AGE BREED / DISTINGUISHING MARKINGS CITY WHERE OBTAINED

 SHELTER ASSIGNED TRACKING NUMBER (if applicable) MICROCHIP NUMBER (if applicable)
- 2. _____
 AGE BREED / DISTINGUISHING MARKINGS CITY WHERE OBTAINED

 SHELTER ASSIGNED TRACKING NUMBER (if applicable) MICROCHIP NUMBER (if applicable)
- 3. _____
 AGE BREED / DISTINGUISHING MARKINGS CITY WHERE OBTAINED

 SHELTER ASSIGNED TRACKING NUMBER (if applicable) MICROCHIP NUMBER (if applicable)
- 4. _____
 AGE BREED / DISTINGUISHING MARKINGS CITY WHERE OBTAINED

 SHELTER ASSIGNED TRACKING NUMBER (if applicable) MICROCHIP NUMBER (if applicable)
- 5. _____
 AGE BREED / DISTINGUISHING MARKINGS CITY WHERE OBTAINED

 SHELTER ASSIGNED TRACKING NUMBER (if applicable) MICROCHIP NUMBER (if applicable)

HOSPITAL/CLINIC WHERE PROCEDURE IS TO BE PERFORMED

As an authorized representative of the above organization, I hereby certify that the above animal(s) was/were a stray/feral found within the state of Delaware, or surrendered to the organization from a Delaware home.

Print Name Signature of Organization Representative Date

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

PART 3: TO BE COMPLETED BY THE SURGICAL PROVIDER

Hospital/Clinic Name: _____ Phone No.: _____

Was a rabies vaccine given to any of the above animals? Y N If yes, list corresponding #(s): _____

I HEREBY ATTEST THAT THE PROCEDURES INDICATED WERE PERFORMED ON THE ANIMALS AS RECORDED ABOVE.

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

Delaware veterinarian license number