

Veterinarian 5

## **Delaware Monthly Rabies Surcharge Remittance Form**

16 Del.C. §3014F states that a \$3 surcharge must be added to each rabies vaccine administered to cats and dogs in Delaware and submitted monthly to the Spay & Neuter Program, administered by the Office of Animal Welfare.

ALL FUNDS MUST BE SUBMITTED MONTHLY

/AL	and the second s
rovider Name:	
ddress:	
erson submitting Report:	
Month / Year	
No. of Rabies Vax	If no rabies vaccinations were given, enter zero.
\$ Amount Due	Number of Vaccinations x \$3.00
Please submit your Delaware Monthly Rabies Ve	rification reporting including the following information:
Owner/caretaker name	• Breed
<ul> <li>Owner/caretaker full address</li> </ul>	Vaccination date
<ul><li>Animal name</li><li>Species</li></ul>	Expiration date
Office of Animal Welfare H166 Carvel Building, Lower Level 1901 N. DuPont Hwy. New Castle, DE 19720	
Mail all rabies documentation to above address	5. Mail sent to Federal Street, Dover will be delayed and does not guarantee delivery.
To minimize shipping costs, vaccination verificati can be sent separately via mail.	ion reports can be sent electronically to <a href="mailto:spayneuter@delaware.gov">spayneuter@delaware.gov</a> while payment by checking the spayneuter of t
Checks are payable to: <u>State of Delaware – Divisi</u>	on of Public Health
Name of all veterinarians in your practice who ac	dministered rabies vaccinations for the reported period:
Veterinarian 1	Veterinarian 2
Veterinarian 3	Veterinarian 4

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