



Establishment Name: _____

Delaware Monthly Rabies Verification and Surcharge Remittance Report

ALL FUNDS MUST BE SUBMITTED NO LATER THAN THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH OF RABIES VACCINATIONS.

THIS IS TO CERTIFY THAT I HAVE COLLECTED AND INCLUDED the sum of \$ _____, representing \$3 (three dollars) for each animal vaccinated for rabies during the period of _____. Also enclosed is a signed summary of or rabies verifications for the animals vaccinated with owner or caretaker names and addresses, animal names, species, breeds, vaccination dates, and vaccination expiration dates.

List names of all veterinarians in your practice who administered rabies vaccinations for the reported period:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Person submitting report:

Printed: _____

Signature: _____

Make checks payable to: **State of Delaware – Division of Public Health** and send with a copy of this form to the address below. *Retain a copy for your records.*

Payments should be sent via Automated Clearing House (ACH) to:

Bank of New York Mellon
ABA/Routing# 031000037
ST of DE General Collection Account
Account# 6250003505102

This form and associated documents should be sent to:

spayneuter@state.de.us
or
Spay & Neuter Program Payments
Carvel Building, Lower Level
1901 N. duPont Hwy.
New Castle, DE 19720