



## Delaware Spay & Neuter Program Surgery Provider Agreement

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

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

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

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

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

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

### INSTRUCTIONS

- Complete all three copies of this Agreement.
- Mail all three copies, with proof of authorized signer (copy of Articles of Incorporation and/or Corporate By-Laws), to Spay & Neuter Program, 1901 N. Du Pont Hwy., Carvel Building, Lower Level, New Castle, DE 19720.
- One signed copy will be returned as approval to participate as a provider.
- Complete the online *Delaware Substitute Form W-9* found under "Services" at [www.accounting.delaware.gov](http://www.accounting.delaware.gov).

### 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.

My veterinary practice/clinic will be reimbursed for the surgical spay or neuter procedure(s) as outlined in the associated fee page, unless I provide 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, unless the client pre-paid the copay as indicated by the Office of Animal Welfare. I understand that my practice/clinic will be reimbursed \$20 more per pre-paid 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 understand that procedures provided under the Program may only be applied to Delaware cats and dogs. Any procedures performed for non-profit organizations may only be applied to cats and dogs that originated in Delaware.

I agree to allow members of the Spay & Neuter Program 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 a reasonable rate with the Delaware Division of Public Health's Office of Animal Welfare.

I agree to submit complete and correct monthly invoices, along with completed Spay & Neuter Program surgery certificate forms signed by the veterinarian who performed the procedure, within 15 days of the end of the month in which the sterilization surgery was performed. I understand that my practice/clinic will forfeit reimbursement for any sterilization surgeries that are not invoiced to the Program coordinator within 30 days after the sterilization surgery. 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 agree to maintain copies of rabies vaccination certificates for a minimum of 12 months after the expiration date of the vaccination and will allow members of the Spay & Neuter Program access to vaccination certificates upon request. The vaccination certificate will clearly indicate the location where vaccination was performed.

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. In response to concerns expressed by Program participants, I understand that I may be subject to inspections of the premises and inquiry regarding these concerns. 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.

I certify that I have read, understand, and agree with all statements above.

Our practice will perform surgeries at the For-Profit rates only.

Our practice will perform surgeries at the For-Profit rates for approved income-eligible members of the public, and the Non-Profit rates for animals in the care of participating non-profit rescue organizations.

Our practice will perform surgeries at the Non-Profit rates only.

\_\_\_\_\_  
Name – Please print clearly                      DE veterinarian license number                      Signature                      Date

LIST 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.



<b>SPAY / NEUTER FOR-PROFIT REIMBURSEMENT FEES*</b>				
<b>Weights</b>	<b>Female Dogs</b>	<b>Male Dogs</b>	<b>Female Cats</b>	<b>Male Cats</b>
50 lbs. or less	\$ 176.00	\$ 135.00	N/A	N/A
51 lbs. or more	\$ 201.00	\$ 163.00	N/A	N/A
Any Weight			\$ 126.00	\$ 88.00
<b>SPAY / NEUTER NON-PROFIT REIMBURSEMENT FEES*</b>				
<b>Weights</b>	<b>Female Dogs</b>	<b>Male Dogs</b>	<b>Female Cats</b>	<b>Male Cats</b>
50 lbs. or less	\$ 100.00	\$ 75.00		
51 lbs. or more	\$ 125.00	\$ 75.00		
Any Weight			\$ 60.00	\$ 30.00

**\*Unless indicated as "Paid" by the Office of Animal Welfare on a Certificate for Surgery, all income-eligible Spay & Neuter Program surgeries will be reimbursed less the \$20 copay to be paid upon pet drop off prior to surgery.**

The reimbursement fees are intended to cover the following components of procedures within the Program:

- Pre-surgical examination;
- Appropriate anesthesia;
- Surgical procedure; and
- Post-operative care, including appropriate pain management.

The Spay & Neuter Program will reimburse \$10 for a rabies vaccination, if one is administered. The \$3 rabies vaccination surcharge mandated by law must be deducted from the \$10 reimbursement. The cost shall not be passed along to the client.

**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
_____	_____
Name – Please print clearly.	DE veterinarian license number
_____	_____
Name – Please print clearly.	DE veterinarian license number
_____	_____
Name – Please print clearly.	DE veterinarian license number
_____	_____
Name – Please print clearly.	DE veterinarian license number

**STATE USE ONLY**

_____	_____
Signature of Office of Animal Welfare Spay & Neuter Program Coordinator	Date of Approval

_____	_____
Signature of Karyl T. Rattay, MD, MS, Director, DPH	Date of Approval