



**Office of Animal Welfare
 Spay Neuter Program
 For-Profit Provider Invoice**

Send invoices & backup docs to:
 spayneuter@delaware.gov or mail to:

Office of Animal Welfare Spay & Neuter Program Invoices H166-Carvel Building, Lower Level 1901 N. Du Pont Hwy. New Castle, DE 19720
State Use Only: Invoice No. _____ Received: _____ Date Stamp _____

Veterinary Clinic/Hospital Name _____

Date Submitted _____

Address _____

Telephone _____

City _____ State _____ Zip Code _____

INSTRUCTIONS: Enclose applicable approved *Certificates for Surgery* and *Surgical Complications Invoice* forms for each surgery listed below. Charges are based upon "ACTUAL" services provided as written by the veterinarian on each Certificate for Surgery. Complications are limited to two (2) per animal. Invoices are due no less than monthly by the last day of the month following services. Invoices should be reflective of one month only.

<u>Income-Eligible (Owned Pets) & DAS Certificate Reimbursement Rates</u>					
CATS	Female: \$200	Male: \$150	DOGS	Female: \$350	Male: \$250
<u>Non-Profit Rescue Certificate Reimbursement Rates</u>					
CATS	Female: \$66	Male: \$50	DOGS	Female: \$150	Male: \$125

SUMMARY OF SERVICES RENDERED DURING _____ PAGE: _____ OF _____
 Month Year

Surgery Date	Owner Name (Must match Certificate for Surgery)	Certificate/ID Number	Surgery \$ Amount	Rabies \$13	Complication Charge \$50	Reimbursement Total \$ Amount
PAGE TOTAL:						
Multiple Page Grand Total if Necessary:						

Providers should no longer collect the \$20 copay for surgery procedures, as these will now be covered in full.