DO NOT STAPLE

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Animal Welfare

Office of Animal Welfare
For-Profit Provider Invoice

Non-Profit Certificates for Surgery

MAIL COMPLETED INVOICES TO:
Office of Animal Welfare
Spay & Neuter Program Invoices
H166-Carvel Building, Lower Level
1901 N. Du Pont Hwy.
New Castle, DE 19720

Veterinary Clinic/Hospital Name

Date Submitted

Address

Telephone

City **State** **Zip Code**

State Use Only:
Invoice No.
Received: _____
Date Stamp

INSTRUCTIONS: Enclose approved ***Certificates for Surgery*** and any applicable ***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 and include: estrus, pyometra, pregnancy, obesity, older than 5 years if additional blood work is required; cryptorchid; brachycephalic breeds; and extra-large (75 lbs. or more). Invoices are due no less than monthly by the last day of the month following services. Invoices should be reflective of one month only.

For-Profit Practice *Non-profit* Certificate Surgery Reimbursement Rates

CATS **Female:** $66 **Male:** $50 **DOGS** **Female:** $150 **Male:** $125

Do not charge a copay to animal rescue organizations who present a *Non-Profit Certificate for Surgery* as these are fully reimbursed.

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

Surgery Date	Non-Profit Organization Name (Must match Certificate for Surgery)	CERT Number	Surgery $ Amount	Rabies $13	Complication Charge $50	Reimbursement Total $ Amount
					PAGE TOTAL REIMBURSEMENT DUE	
					Multiple Page Grand Total if Necessary:	