



## Delaware Spay & Neuter Program Complications Invoice

**INSTRUCTIONS:** PLEASE COMPLETE PART 1 AND 2 FOR STANDARD COMPLICATIONS. ATTACH TO INCOME-ELIGIBLE & NON-PROFIT CERTIFICATES OF SURGERY.

### PART 1 – ANIMAL INFORMATION

NAME OF PATIENT		OWNER'S NAME	
AGE (MONTH/DAY/YEAR)	SEX	BREED	WEIGHT

### PART 2 – STANDARD COMPLICATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Estrus   | <input type="checkbox"/> Pyometra                              |
| <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> Cryptorchid                           |
| <input type="checkbox"/> Obesity  | <input type="checkbox"/> Extra Large – 75 lbs or more          |
| <input type="checkbox"/> Older than 5 Years (If additional blood work needed) | <input type="checkbox"/> Brachycephalic Breeds (cats and dogs) |

Complications are limited to two (2) per animal

Should you have any questions, contact the Spay & Neuter Program Coordinator at (302) 255-4632 or email [spayneuter@delaware.gov](mailto:spayneuter@delaware.gov).

I HEREBY ATTEST THAT THE INFORMATION REGARDING THE ABOVE REFERENCED COMPLICATIONS IS ACCURATE.

Name of veterinarian who performed surgery (Veterinarian must participate in the Spay & Neuter Program)	Delaware license No.	Date
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