



Pet Registration Form
Delaware Department of Agriculture
Spay/Neuter Program
2320 S. DuPont Highway
Dover, DE 19901
302-698-4567 FAX: 302-697-4492

For State Use Only - Procedure Approval

 Program Coordinator Approval Date

 Registration Number Expiration Date

INSTRUCTIONS:

FOR APPLICANTS:

- You must include the income eligibility form or have been approved for income eligibility.
- You must be approved before the surgery.
- Pay \$20 co-payment which covers surgery & rabies vaccination if needed (Co-payment must be made by money order or bank certified check)
- Complete Part 1 of this form and sign

FOR VETERINARIANS:

- Veterinarians must be participating in the program.
- Applications must be Pre-Approved by Program Coordinator above.
- Complete Part 2 of this form and sign
- Return 1 copy with monthly invoice.
- Give 1 copy to the client after surgery
- Keep 1 copy for your records

Authorized under TITLE 3, CHAPTER 82, SUBCHAPTER II. Any falsification of information shall be subject to an administrative fine of up to \$250

PART 1 -- CLIENT/PET INFORMATION

*NAME OF PET OWNER (LAST, FIRST, MI.)		*HOME TELEPHONE NUMBER
*MAILING ADDRESS		*CELL PHONE NUMBER
*CITY & STATE		*ALTERNATE NUMBER
		*ZIP CODE

TYPE OF PET: ___ FEMALE DOG ___ MALE DOG ___ FEMALE CAT ___ MALE CAT

NAME OF PET (ONE PET PER APPLICATION) BREED/COLOR/UNIQUE TRAITS: AGE OF PET: _____

WHERE DID YOU OBTAIN THIS ANIMAL? Shelter/Rescue Pet Store Friend /Family Stray Other – Describe _____

IS PET MICROCHIP? (Circle one) Yes / No

As the owner of a cat or dog participating in the Delaware Department of Agriculture's Spay/Neuter Program, I understand that my pet will be receiving care from a Delaware licensed Veterinarian. I understand that some veterinary practices may require additional tests in addition to the procedures mentioned above. It is my responsibility to ask whether the veterinarian requires other vaccines and tests when I call for the initial appointment. I understand that I am responsible to pay for these vaccines or tests. If I reject these tests, I understand the veterinarian may elect not to perform the spay/neuter procedure. I understand that the veterinarian will be instructing me on pre-surgical and post-surgical care and that I need to follow these instructions. I understand there are inherent risks involved in medical procedures and surgery.

I hereby consent to the rabies immunization, if required, and neutering of the pet described above.

I agree to pick up my animal at the agreed upon time. If I have not picked up my pet within 24 hours of that time, my pet will be transferred to Animal Control.

I agree to update the Spay/Neuter Program Coordinator if my contact information changes. I agree to provide feedback on my experience with the Program to the Coordinator in a timely manner. I agree to notify the Spay/Neuter Program Coordinator if I decide not to follow through with the spay/neuter surgery.

This agreement expires 3 months from the date of approval and my co-payment will not be returned unless approval is given by the Spay/Neuter program.

SIGNATURE OF PET OWNER: _____

DATE: _____

PART 2 – VETERINARIAN INFORMATION, TO BE COMPLETED BY HOSPITAL

Hospital/Clinic Name: _____ Phone No. _____

RABIES VACCINE, DATE GIVEN _____ DATE STERILIZED _____

I HEREBY ATTEST THAT STERILIZATION AND RABIES VACCINATION OF THE ABOVE ANIMAL WAS PERFORMED AS RECORDED

Signature of **Veterinarian** performing surgery (must be participating in the Spay/Neuter Program) DE License Number: Date

Patient Name Age: Sex Breed Weight Microchip, tattoo or other ID