



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

## Delaware Spay/Neuter Program

### INSTRUCTIONS FOR INCOME ELIGIBLE APPLICANTS

#### PART 1: COMPLETE AN OWNER INCOME ELIGIBILITY VERIFICATION APPLICATION

#### PART 2: PET REGISTRATION FORM: LIMIT OF 3 PROCEDURES PER FISCAL YEAR (JULY 1 – JUNE 30)

1. Complete a separate Pet Registration Form for each animal to be neutered or spayed.
2. Enclose a **money order or bank certified check** made out to the **State of Delaware** for \$20 co-payment for each pet registration submitted. **Personal checks will not be accepted.**

The \$20 co-payment includes the Spay/Neuter surgery plus Rabies vaccination if needed.

3. Attach a copy of your driver's license or photo ID.

4. **SEND ALL MATERIALS TO:**

DELAWARE DEPARTMENT OF AGRICULTURE  
SPAY/NEUTER PROGRAM  
2320 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

5. If you have questions please call the Spay/Neuter Program Coordinator at 302-698-4567.

If you are eligible to participate and your pet registration is certified by the program coordinator, your Pet Registration Forms will be returned to you with a list of participating facilities. At that time you may schedule an appointment with one of the facilities. This program subsidizes the facilities' pre-surgical medical evaluation, Spay/Neuter surgery, rabies vaccination, and routine post-surgical care. You will be responsible for any additional charges incurred for pre-surgical vaccines and tests that may be required by the participating facilities, therefore please check with the facility when scheduling the surgery.



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

<b>For State Use Only - Applicant Approval</b>	
_____	_____
Program Coordinator Approval	Date
_____	_____
Application Number	Expiration Date

**OWNER INCOME ELIGIBILITY VERIFICATION for SPAY/NEUTER PROGRAM APPLICATION**

**PART 1 - CLIENT INFORMATION**

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

**APPLICANT INSTRUCTIONS:**

- COMPLETE PART 1 OF THIS FORM.
  - Check the type(s) of assistance you are currently receiving.
  - Attach a copy of your driver's license or photo ID.
  - Sign where indicated.
- The Spay/Neuter Coordinator will notify you of approval.
- Reapplication for approval is required every six months.
- Approval is required before surgery can be scheduled for your pet.
- To qualify for the low income Spay/Neuter Program, you must be a Delaware resident, own an animal from Delaware, and receive at least one of the seven assistance programs listed on the application.

**SEND or FAX ALL MATERIALS TO:** Delaware Department of Agriculture  
 Spay/Neuter Program  
 2320 South DuPont Highway  
 Dover, DE 19901  
 Fax: 302-697-4492

*NAME OF PET OWNER (LAST, FIRST, M.I.)	*HOME PHONE NUMBER *CELL PHONE NUMBER *ALTERNATE NUMBER
*MAILING ADDRESS	*SOCIAL SECURITY # (last 4 digits)
*CITY, STATE, ZIP CODE	*BIRTH DATE (month/day/year)

PROGRAM UNDER WHICH PET OWNER IS CLAIMING ELIGIBILITY (please check the programs you are currently participating in) :

<input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> Medicaid <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Women, Infants and Children	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability  Note: Must provide full Social Security Number for Verification - _____
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I AUTHORIZE RELEASE OF THE INFORMATION ABOVE FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR THE SPAY/NEUTER PROGRAM.

**SIGNATURE OF PET OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PART 2 - APPROVAL OF INCOME ELIGIBILITY - STATE USE ONLY**

**A. Verification of participation in Income Eligible Program**

**Division of Social Services**

- \_\_\_\_\_ TANF
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ General Assistance
- \_\_\_\_\_ Food Stamps

\_\_\_\_\_ Date

**Division of Public Health**

- \_\_\_\_\_ Women, Infants and Children (WIC)

\_\_\_\_\_ Date

**Social Security Administration**

- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Social Security Disability

\_\_\_\_\_ Date

**B. Please FAX completed Registration to SPAY/NEUTER PROGRAM COORDINATOR for final approval: 302-697-4492**



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

<b>For State Use Only - Procedure Approval</b>	
_____	_____
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

**DELAWARE SPAY/NEUTER PROGRAM  
PARTICIPATING FACILITIES**

Please contact the facility that is most convenient for you and schedule your appointment once you receive approved application back. **Procedure must be completed within 3 months of approval date.** If you have any questions, please contact the Spay/Neuter Program Coordinator at 302-698-4567.

**New Castle County**

<p><b>Centreville Veterinary Hospital</b> 5804 Kennett Pike Wilmington, DE 19807 (302) 655-3315</p>	<p><b>Circle Veterinary Clinic</b> 1212 E. Newport Pike Wilmington, De 19804 (302) 652-6587 <i>*Limited to current patients only*</i></p>	<p><b>Delaware SPCA</b> 455 Stanton-Christiana Road Newark, DE 19713 (302) 998-2281</p>
<p><b>Delaware Humane Association (DHA)</b> 701 A Street Wilmington, DE 19801 (302) 571-0111</p>	<p><b>Faithful Friends, Inc.</b> 12 Germay Drive Wilmington, DE 19804 (302) 427-8514</p>	<p><b>Hockessin Animal Hospital</b> 643 Yorklyn Road Hockessin, DE 19707 (302) 239-9464</p>
<p><b>Red Lion Veterinary Hospital</b> 1047 Red Lion Road New Castle, DE 19720 (302) 834-2250 <i>*Limited to current patients only*</i></p>	<p><b>Windcrest Animal Hospital</b> 3705 Lancaster Pike Wilmington, DE 19802 (302) 998-2995</p>	

**Kent County**

<p><b>All Pets Medical Center</b> 10 Artisan Drive Smyrna, DE 19977 (302) 653-2300</p>	<p><b>Forrest Avenue Animal Hospital</b> 3156 Forrest Avenue Dover, DE 19904 (302) 736-3000</p>	<p><b>Kent County SPCA</b> 32 Shelter Drive Camden, DE 19934 (302) 698-3006 or (888) 352-7722</p>
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**Sussex County**

<p><b>Crossroads Veterinary Clinic / Selbyville Animal Hospital</b> 36774 DuPont Boulevard Selbyville, DE 19975 (302) 436-5984</p>	<p><b>Delaware SPCA</b> 22918 Dupont Boulevard Georgetown, DE 19947 (302) 856-6361</p>	<p><b>Pet Medical Center</b> P.O. Box 364 Delmar, DE 19940 (302) 846-2869</p>
<p><b>Seaford Animal Hospital</b> 22661 Atlanta Road Seaford, DE 19973 (302) 629-9576</p>	<p><b>Vet On The Go, LLC</b> Jaine Weise DVM Email - vettotfixem@yahoo.com 23175 Bridgeway West Lewes, DE 19958 (302) 231-8115</p>	