



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

**Pet Registration Form**

**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 \$10 if you have proof of current rabies vaccination
- Pay \$20 if you also need current rabies vaccination
- 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.
- Complete Part 3 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, M.I.)		*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? \_\_\_\_\_ 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.

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

**PART 2 – APPROVAL BY PROGRAM COORDINATOR**

Approval of DE Spay/Neuter Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

CO-PAY \$10 \_\_\_\_\_ CURRENT RABIES VERIFIED \_\_\_\_\_ \$10 RABIES CO-PAY RECEIVED \_\_\_\_\_

**PART 3 – 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 \_\_\_\_\_