



INDIANA

HUMANE SERVICES

Contract between Indiana Humane Services and Participating Veterinarians
 for
 Spay Neuter Assistance Program (SNAP), Pet Friendly Plate Program (PFPP),
 and the Community Cat Program (CCP)
 for Indiana Residents, Shelters and Rescue Groups

I agree to spay and neuter dogs and cats through Indiana Humane Services' programs at the following reimbursement rates. If your clinic's posted rates are lower than those listed below, Indiana Humane Services will reimburse at your clinic's posted rates, provided they do not exceed the rates listed below.

| CATS | | DOGS (<i>no weight limit</i>) | |
|---|-------|--|-------|
| Spay | \$70 | Spay | \$90 |
| Spay, pregnant or in heat | \$90 | Spay, pregnant or in heat | \$110 |
| Neuter | \$55 | Neuter | \$70 |
| Community Cat (feral): Male/Female Includes Rabies vaccine & Ear Tip | \$90 | Special Circumstances: Indiana Humane Services will reimburse for Cryptorchid and Pyometra at the clinic's published rate. | |
| Community Cat (feral): Female Pregnant Includes Rabies vaccine & Ear Tip | \$110 | | |

🐾 The surgery reimbursement schedule above includes **ALL** costs associated with the surgery, including: office call, anesthesia, pre and post care, and pain medicine given at the time of surgery.

🐾 Indiana requires that all animals be current on their rabies vaccine, and I accept proof of vaccinations from other clinics or veterinarians. **Vet Initial (optional):** _____

🐾 I recognize that **Spay-Neuter Assistance Program (SNAP)** clients are on limited-incomes and require no other services (e.g. heartworm or feline leukemia checks, kennel cough vaccinations, boarding charges, antibiotics, stool check, de-worming, pre-surgery blood work, etc.). If I offer these services, I will communicate that they are **optional** and that the client is financially responsible for them.

The only vaccine required by Indiana law is the rabies vaccine, and the client is financially responsible for this. It is also the client's responsibility to ensure their pet(s) is free of fleas and ticks. If they are not, the financial responsibility for a flea treatment falls on the client. You are under no obligation to perform a surgery in a situation where you feel our contract guidelines do not agree with your office policies.

🐾 I would like to participate in the SNAP program and agree that my clinic will not charge the client for any services related to the surgery. **Vet Initial:** _____

🐾 I would like to participate in the **Pet Friendly Plate Program (PFPP)**, providing surgeries to 501(c)(3) animal welfare organizations for dogs and cats in their care. **Vet Initial:** _____

🐾 I would like to participate in the **Community Cat** program, providing surgeries to feral and free-roaming cats. **Vet Initial:** _____

The Reimbursement Process: Mail the fully completed certificates to Indiana Humane Services. Please be sure to keep a copy of these certificates for your records. If they are lost in the mail, we will need this information before we can process your payment. Indiana Humane Services has an online reimbursement portal. Contact Scarlett@HumaneServicesIN.org to learn more and get started. Indiana Humane Services operates on Net 30 terms.

| | |
|-----------------------------|------------------|
| Clinic Name: | _____ |
| Address: | _____ |
| City, State, Zip, County | _____ |
| Phone: | _____ Fax: _____ |
| Email: | _____ |
| Website: | _____ |

🐾 I realize that Indiana Humane Services may reimburse my practice \$600 or more and is required by the IRS to have a completed W-9 form from my business before adding me to the vet network. **Vet Initial (required):** _____

The nonprofit rules dictate that Indiana Humane Services file a 1099 each year for any organization to which we pay at least \$600 for performing services on our behalf. In order to properly submit this information to the IRS and our vendors, it is necessary for us to request your information on a W-9 so that we will have it in the event it becomes necessary to issue you a 1099 at the end of the year. This information is treated with the utmost confidentiality and is not shared with anyone within or outside of the organization that does not have a legitimate need to know.

Veterinarian Signature _____

Printed Name _____

Date _____

For your convenience, simply return this completed contract using the enclosed pre-addressed envelope or email to Indiana Humane Services at info@HumaneServicesIN.org. Questions? Call us at 317-762-0912.