



## ST. TAMMANY PARISH

MICHAEL B. COOPER  
PARISH PRESIDENT

Updated 12/29/22

### ST. TAMMANY PARISH DEPARTMENT OF ANIMAL SERVICES

#### LOW COST SPAY/NEUTER VOUCHER PROGRAM

#### VETERINARY HOSPITAL/CLINIC PARTICIPATION AGREEMENT 2023

As a participant in the St. Tammany Parish Department of Animal Services (STPDAS) Low Cost Spay/Neuter Voucher Program, I agree to the following: (Please check each item)

That each Canine/Feline funded under the STPDAS Low Cost Spay/Neuter Voucher Program is either owned by a St. Tammany Parish resident or is the caretaker/trapper of any community/feral/stray feline that was in St. Tammany Parish. **Any request for payment where the canine or feline owner are not St. Tammany Parish residents, or the community/feral/stray feline was from a colony outside of St. Tammany Parish, will not be processed or paid.**

For each surgery, when applicable, I will collect a client co-payment of \$60.00 per canine, \$15.00 per owned feline or \$0.00 per community/feral/stray feline, which will be deducted from the total reimbursement that is listed herein.

**For each surgery, I will receive a total reimbursement of (any client co-payment will be deducted from this amount):**

- \$40.00 for community/feral/stray felines
- \$45.00 for owned felines
- \$95.00 for canines up to 40#
- \$105.00 for canines between 41# and 60#
- \$115.00 for canines between 61# and 80#
- \$125.00 for canines between 81# and 100#
- \$135.00 for canines between 101# and 120#
- \$145.00 for canines above 120#

**I would like to participate in this voucher program for community/feral/stray felines only.**

I will not receive any other subsidy, grant, funding, payment, or reimbursement for surgeries funded by the STPDAS voucher, other than the client co-payment.

I Waive all office visit fees, and I will not require any other additional mandatory charges from client.

- I will not require any vaccines, services, tests, procedures of follow-up visits to be performed (recommendations may be made), except that all community/feral/stray felines will be ear-tipped and vaccinated for rabies.
- I will not perform any elective and/or cosmetic surgery, such as ear-cropping, tail-docking, etc., during the procedures paid for through this voucher program.
- I will perform surgery on animals, which are at least 8 weeks old, and weigh a minimum of 2 pounds.
- I will use dissolving sutures and I will not require a follow-up visit for their removal.
- I will not perform any surgeries under the voucher program, unless a voucher has been issued. A completed application, does not guarantee a voucher or reimbursement.
- Within 45 days of surgery, I will submit a reimbursement request (Invoice), for the amount due, and each redeemed voucher to the STPDAS.
- Reimbursement from STPDAS will be processed within 30 days of its receipt.
- RELEASE OF LIABILITY – I release any rights to bring a lawsuit against St. Tammany Parish Government (STPG), its agents and employees, for harm to individuals and/or damage to property at or around this office, or any other injury suffered as a proximate cause of my participation in this voucher program. This release of liability does not apply to the requests for payments of vouchers redeemed at this office.
- INDEMNIFICATION – STPG, its agents and employees shall not be liable for any loss, damage, injuries, or other casualty of whatsoever kind or by whomever caused, to the person or property on anyone arising out of, or resulting from, me providing services under this Agreement. I hereby agree to indemnify and hold STPG, its agents and employees, harmless from and against all claims, demands, liabilities, suits or actions (including all reasonable expenses and attorney’s fees incurred by or imposed on STPG in connection therewith) for any such loss, damage, injury, or other casualty. By signing this document, I represent that I have the authority to bind the veterinary hospital/clinic and individuals at the veterinary hospital/clinic to this agreement, and I agree to the terms and waive the rights specified herein.
- I do not wish to participate in the program at this time.

\_\_\_\_\_  
NAME of CLINIC (PLEASE PRINT)

\_\_\_\_\_  
POSITION/TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return this form to: St. Tammany Parish Department of Animal Services -- 31078 Hwy. 36; Lacombe, LA 70445 or [animalshelter@stpgov.org](mailto:animalshelter@stpgov.org)