

Updated 1/6/21

ST. TAMMMANY PARISH DEPARTMENT OF ANIMAL SERVICES

LOW COST SPAY/NEUTER VOUCHER PROGRAM

VETERINARY HOSPITAL/CLINIC PARTICIPATION AGREEMENT 2021

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 feral feline that was an St. Tammany Parish. Any request for payment where the canine or feline owner are not St. Tammany Parish residents, or the 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 feral 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): \$35.00 for feral/stray felines \$45.00 for owned cats \$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 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.

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	tests, procedures of follow-up visits to be performed at all feral/stray felines will be ear-tipped and vaccinated
☐ I will not perform any elective and/or cosduring the procedures paid for through this v	smetic surgery, such as ear-cropping, tail-docking, etc., voucher program.
\square I will perform surgery on animals, which pounds.	are at least 8 weeks old, and weigh a minimum of 2
$\ \square$ I will use dissolving sutures and I will no	t require a follow-up visit for their removal.
☐ Within 45 days of surgery, I will submit and each redeemed voucher to the STPDAS.	a reimbursement request (Invoice), for the amount due,
\square Reimbursement from STPDAS will be pr	rocessed within 30 days of its receipt.
Government (STPG), its agents and employed or around this office, or any other injury suff	ny rights to bring a lawsuit against St. Tammany Parish ees, for harm to individuals and/or damage to property at fered as a proximate cause of my participation in this ees not apply to the requests for payments of vouchers
injuries, or other casualty of whatsoever kind anyone arising out of, or resulting from, me to indemnify and hold STPG, its agents and demands, liabilities, suits or actions (including by or imposed on STPG in connection thereof By signing this document, I represent that I I	s and employees shall not be liable for any loss, damage d or by whomever caused, to the person or property on providing services under this Agreement. I hereby agree employees, harmless from and against all claims, ng all reasonable expenses and attorney's fees incurred with) for any such loss, damage, injury, or other casualty have the authority to bind the veterinary hospital/clinic nic to this agreement, and I agree to the terms and waive
☐ I do not wish to participate in the program	m 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