

STATE OF CONNECTICUT DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM UNIT

PARTICIPATING VETERINARIANS APPLICATION					
		IDENTIFICAT	ION		
Name of Practice/Facility (print)				Phone Number	
Street address	City	State	Zip Code	É-mail Address	
Name of Owner/Operator of Practice/Facility				FEIN or Social Security Number	
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In order to be certified by the commissioner as a participating veterinarian, the veterinarian shall: (1) Perform all spay and neuter surgical procedures in a veterinary hospital facility or mobile clinic equipped for such procedures located in this state that meets the standards set forth in regulations adopted by the commissioner, as provided in section 20-196; (2) make all records pertaining to care provided, work done and fees received for or in connection with the program available for inspection by the commissioner or the commissioner's representative; (3) maintain records in accordance with regulations adopted under section 19a-14; and (4) hold a currently valid license to practice veterinary medicine in this state issued by the Connecticut Department of Public Health. Once approved, participating veterinarians will be certified unless the commissioner disqualifies such veterinarian. The commissioner may disqualify a veterinarian if such veterinarian has been found in violation of any provision of sections 22-380e to 22-380m inclusive, or any laws relating to the practice of veterinary medicine. Disqualified veterinarians have the right to appeal. The program shall provide for payment to any participating veterinarian through the issuance of a voucher for each animal sterilization and vaccinations coincident with sterilization performed on a dog or cat owned by an eligible owner. For a sterilization procedure, such voucher shall be in the amount of one hundred twenty dollars (\$10) for a female dog, one hundred dollars (\$10) for a male dog, seventy dollars (\$70) for a female cat and fifty dollars (\$50) for a male cat. The sterilization procedure shall mean spaying and neutering, maintenance, discharge and removal of sutures. In the case of a sterilization fee exceeding the amount of the voucher, including surgical complications, the eligible owner shall pay the participating veterinarian the difference between such fee and the amount of the voucher shall be in the amount of twenty dollars in addition to t					
Name (print) Prof. License Number			Signature		
Signature of Owner/Operator of Prac	tice			Prof. License Number	Date
Please mail this completed form Hartford, Connecticut 06103. Fo	· ·			-	bus Blvd., Suite 702,
DEPARTMENT OF AGRICULTURE USE ONLY					
Approved: YES NO Signature of State Official					Date

APCP-02