



VETERINARIAN APPLICATION/AGREEMENT TO PARTICIPATE

INSTRUCTIONS

- This Application/Agreement to Participate must be filed with the Illinois Department of Public Health by the participating veterinarian or on behalf of a veterinary hospital to become an approved provider of the Illinois Public Health and Safety Animal Population Control Program.
- This Application/Agreement to Participate will be valid for a period not to exceed three years, with expiration coinciding with the end of a state fiscal year (June 30). The expiration date is marked at the bottom of this form.
- Complete all information in **Part I** of this form, then sign and date the agreement in **Part II** and return to the address above.
- Please attach a fee schedule listing the fees charged in the normal course of business for dog and cat sterilization, examination and the pre-surgical immunizations. The dog or cat sterilization fee may vary with the animal's weight, sex and species.
- For an Initial Application, attach a Request for Taxpayer Identification Number and Certification form (Internal Revenue Service Form W-9). No W-9 is required for a Renewal Application.

PART I APPLICATION

TYPE OF APPLICATION: INITIAL (Attach fee schedule and W-9 form) RENEWAL (Attach fee schedule)

Veterinarian Name			Name of Practice			Name of Contact Person		
Illinois License to Practice Veterinary Medicine Number								
Address			City/State/ZIP Code			County		
Telephone Number			Fax Number			E-mail Address		

PART II VETERINARIAN CERTIFICATE

I understand that participation in the Illinois Public Health and Safety Animal Control Population Program (the program) is voluntary. Even though I agree to participate in the program, I may decline to treat feral cats if I choose.

When provided with a valid Application/Eligibility Voucher and \$15 co-pay, I agree to administer pre-surgery vaccines, to perform dog or cat sterilization procedures, and to accept reimbursement according to established state reimbursement rates. **I understand the rates cover the cost of the exam, necessary immunizations (including the rabies vaccine), and surgery, as well as necessary pain medication during the procedure.** No additional payment is to be expected from the animal owner or feral cat colony manager unless that person approves additional services. The owner or feral cat colony manager will be solely responsible for the payment of costs associated with additional approved services; these costs cannot be billed to the Illinois Department of Public Health.

I understand that I cannot be reimbursed for surgeries performed without an executed Veterinarian Application/Agreement to Participate and without accepting an **approved** Application/Eligibility Voucher **prior** to the services. I agree to complete all information in Part II (Veterinarian Certificate) of the Application/Eligibility Voucher, including required signatures. I also agree to submit the completed Application/Eligibility Voucher, along with an **itemized invoice** for the services provided to the Illinois Department of Public Health for reimbursement. **Invoices for the services provided must be submitted no later than 30 days after the date of the sterilization procedure** to ensure reimbursement can be made.

I understand that, if I choose to terminate participation in the program, I must notify the Department in writing of my intent to discontinue participation. At any time after terminating participation, I may submit a Renewal Application to resume participation in the program.

I certify that I have read all statements above and that I understand and accept them.

Signature of Veterinarian _____ Date _____

DO NOT WRITE BELOW THIS LINE – FOR AGENCY USE ONLY

APPLICATION EXPIRATION DATE:	JUNE 30, _____
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