



# Dade County Veterinary Foundation Surgical Sterilization Form

# A98

Dade County Veterinary Foundation  
c/o Dr. Larry A. Bernstein  
751 N.E. 168 Street  
North Miami Beach, FL  
33162-2427

## CLIENT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proof of Identity (Photo ID):  Drivers License  Card  Passport  Other \_\_\_\_\_

No photo ID is available but this client is known to me. \_\_\_\_\_ (Veterinarian's Signature)

## PET INFORMATION

I am applying for sterilization of a:

Female Dog  Female Cat  Male Dog  Male Cat Color \_\_\_\_\_ Breed \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Has your pet been vaccinated? Yes  No  Date of last vaccination: \_\_\_\_\_

**Please remember that there is a LIMIT OF TWO PETS PER FAMILY**

## PROOF OF ELIGIBILITY

The veterinarian must submit proof (a copy) of one of the following, along with this signed form, for payment.

Medicaid - *NOT MEDICARE*  Supplemental Social Security (SSI) - *NOT SOCIAL SECURITY*  
 Aid for Dependent Children (AFDC)  Jackson Memorial Hospital Clinic Cards J01, J02 or J03

## RELEASE OF FOUNDATION FOR LIABILITY

I, the undersigned client, understand that the Dade County Veterinary Foundation, Inc. does not indemnify my pet. I agree to hold harmless the Dade County Veterinary Foundation, Inc. for any actions, injury or death resulting from this contract or agreement. I also understand that the Dade County Veterinary Foundation, Inc. makes no warranty nor assumes any liability resulting from any actions of the participating veterinarian. I also certify that I have not reached the limit of TWO Pets Per Family.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CERTIFICATION OF PROCEDURE

This is to certify that the above animal was surgically sterilized on \_\_\_\_\_ by Dr. \_\_\_\_\_

Was Rabies Vaccine Given: Yes  No  Hospital \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_



# Dade County Veterinary Foundation Surgical Sterilization Form

# B98

*Veterinarians...Please note*

**Both Form A98 and Form B98 must be complete (along with required copies of ID, eligibility and invoice) to receive payment from the Foundation. Use the Checklist on this form to ensure your claim is complete!**

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This is to certify that, as a member of the Dade County Veterinary Foundation, Inc., I performed the procedures checked on the Fee and Services Schedule below on the following pet owned by:

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Pet Name

\_\_\_\_\_  
Date of Surgery

I understand that the Dade County Veterinary Foundation, Inc. will assume no responsibility or liability of payment for services not listed or agreed to between the client and the veterinarian. I also agree to hold harmless, the Dade County Veterinary Foundation, Inc. for any actions, injury, death or any liabilities whatsoever relating to or arising from this Service Agreement. I also understand that the Dade County Veterinary Foundation, Inc. does not indemnify or assume any liability for the action of the participating veterinarian.

The Dade County Veterinary Foundation, Inc. agrees to pay the actual amount of the procedure **OR** the amount listed in the Fee and Services Schedule below (**whichever is less**), to the member veterinarian, within 30 days after receiving the following **FIVE** items:

**CHECKLIST**

- Form A98 - Complete and signed by both client and Veterinarian
- Form B98 - Complete and signed by veterinarian
- Photocopy of client identification or the veterinarian's signature verifying the client identity
- Photocopy of client's proof of eligibility as set forth in Form A
- Copy of actual charges for this pet and procedure. The Foundation will only pay the actual charge or the amount listed below **WHICHEVER IS LESS****

### Fee and Services Schedule

We pay the actual charges (*enclose copy of invoice*) or these amounts - **Whichever is Less!**      Actual Amount

<input type="checkbox"/> Canine Ovariohysterectomy .....	\$50.00	-----
<input type="checkbox"/> Feline Ovariohysterectomy .....	\$37.50	-----
<input type="checkbox"/> Canine Castration .....	\$37.50	-----
<input type="checkbox"/> Feline Castration.....	\$25.00	-----
<input type="checkbox"/> Rabies (with Surgery) .....	\$ 5.00	-----

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date

TOTAL \_\_\_\_\_

\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone