



**PET FRIENDLY**  
SERVICES OF INDIANA

**Contract between Pet Friendly Services and Participating Veterinarians**  
for  
Spay Neuter Assistance Program (SNAP), Pet Friendly Plate Program (PFPP),  
and the Community Cat Program (CCP)  
for Indiana Residents, Shelters and Rescue Groups

I agree to spay and neuter dogs and cats through Pet Friendly Services' programs at the following reimbursement rates. If your clinic's posted rates are lower than those listed below, Pet Friendly Services will reimburse at your clinic's posted rates, provided they do not exceed the rates listed below.

CATS		DOGS ( <i>no weight limit</i> )	
Spay	\$70	Spay	\$90
Spay, pregnant or in heat	\$90	Spay, pregnant or in heat	\$110
Neuter	\$55	Neuter	\$70
Community Cat (feral): Male/Female Includes Rabies vaccine & Ear Tip	\$90	Special Circumstances: Pet Friendly Services will reimburse for Cryptorchid and Pyometra at the clinic's published rate.	
Community Cat (feral): Female Pregnant Includes Rabies vaccine & Ear Tip	\$110		

🐾 The surgery reimbursement schedule above includes **ALL** costs associated with the surgery, including: office call, anesthesia, pre and post care, and pain medicine given at the time of surgery.

🐾 Indiana requires that all animals be current on their rabies vaccine, and I accept proof of vaccinations from other clinics or veterinarians. **Vet Initial (optional):** \_\_\_\_\_

🐾 I recognize that **Spay-Neuter Assistance Program (SNAP)** clients are on limited-incomes and require no other services (e.g. heartworm or feline leukemia checks, kennel cough vaccinations, boarding charges, antibiotics, stool check, de-worming, pre-surgery blood work, etc.). If I offer these services, I will communicate that they are **optional** and that the client is financially responsible for them.

The only vaccine required by Indiana law is the rabies vaccine, and the client is financially responsible for this. It is also the client's responsibility to ensure their pet(s) is free of fleas and ticks. If they are not, the financial responsibility for a flea treatment falls on the client. You are under no obligation to perform a surgery in a situation where you feel our contract guidelines do not agree with your office policies.

🐾 I would like to participate in the SNAP program and agree that my clinic will not charge the client for any services related to the surgery. **Vet Initial:** \_\_\_\_\_

🐾 I would like to participate in the **Pet Friendly Plate Program (PFPP)**, providing surgeries to 501(c)(3) animal welfare organizations for dogs and cats in their care. **Vet Initial:** \_\_\_\_\_

🐾 I would like to participate in the **Community Cat** program, providing surgeries to feral and free-roaming cats. **Vet Initial:** \_\_\_\_\_

**The Reimbursement Process:** Mail the fully completed certificates to . Please be sure to keep a copy of these certificates for your records. If they are lost in the mail, we will need this information before we can process your payment. Pet Friendly Services has an online reimbursement portal. Contact [Scarlett@PetFriendlyServices.org](mailto:Scarlett@PetFriendlyServices.org) to learn more and get started. Pet Friendly Services operates on Net 30 terms.

Clinic Name:	_____
Address:	_____
City, State, Zip, County	_____
Phone:	Fax: _____
Email:	_____
Website:	_____

🐾 I realize that Pet Friendly Services may reimburse my practice \$600 or more and is required by the IRS to have a completed W-9 form from my business before adding me to the vet network. **Vet Initial (required):** \_\_\_\_\_

The nonprofit rules dictate that Pet Friendly Services file a 1099 each year for any organization to which we pay at least \$600 for performing services on our behalf. In order to properly submit this information to the IRS and our vendors, it is necessary for us to request your information on a W-9 so that we will have it in the event it becomes necessary to issue you a 1099 at the end of the year. This information is treated with the utmost confidentiality and is not shared with anyone within or outside of the organization that does not have a legitimate need to know.

***Veterinarian Signature*** \_\_\_\_\_

***Printed Name*** \_\_\_\_\_

***Date*** \_\_\_\_\_

For your convenience, simply return this completed contract using the enclosed pre-addressed envelope or email to Pet Friendly Services at [info@PetFriendlyServices.org](mailto:info@PetFriendlyServices.org). Questions? Call us at 317-762-0912.