

Veterinary Facilities Agreement to Participate in the Vermont Spay Neuter Incentive Program (VSNIP)

Veterinarian or Facility Name: _____

Practice Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ VSNIP Contact at Facility: _____

I/we agree to enroll as a participating veterinarian/facility, and agree to abide by all the terms and conditions of this agreement:

- I/we agree to accept VSNIP vouchers for the sterilization and immunization, if necessary, of companion animals of income eligible Vermonters.
- I/we understand that “sterilization fee” means the fee for the **entire** surgical procedure, including pre-surgical physical examination, surgery, maintenance, hospital care, anesthesia, peri-operative pain medication, discharge and removal of sutures. It does **not** include post-operative pain management or the fees associated with any surgical complications or conditions such as estrus, pregnancy, repair of hernias, cryptorchid or pyometra. VSNIP does not cover treatment of fleas, ticks or other parasites.
- I/we agree to recommend post-surgical pain medication but will thoroughly explain to the pet owner that this is not a covered expense under VSNIP.
- I/we agree to provide VSNIP clients with a pre-surgical estimate that identifies the fees and costs which are covered by the VSNIP program, and also identify fees, costs, and charges that are not covered by the program.
- I/we agree to notify VSNIP clients about their responsibility to provide payment for costs not covered by VSNIP directly to the practice.
- I/we understand we are responsible for collecting the original voucher, and a \$27.00 co-payment from the pet owner, for each companion animal sterilized through our facility. This co-payment will be retained by our facility and deducted from the total amount to be reimbursed by the State.
- I/we agree and understand that, even if sterilization fees are raised at the veterinary practice during the next year, the State will use the fees in the accompanying fee schedule as the basis for calculating voucher reimbursement, and I/we will accept these rates for vouchers as the full payment. If the rates at the practice are lowered during the next year, I/we agree to immediately notify the VSNIP Administrator and file a new fee schedule reflecting the lowered fees.
- I/we understand and agree that reimbursement for pre-surgical immunizations, if needed, will be at the statewide average rates for participating veterinarians as determined by the State. However, if I/we charge lower than the statewide average, we understand we will be reimbursed at whichever rate is lower. I/we agree to accept these rates as full payment.
- **I/we will email the vouchers and monthly invoice for payment as a PDF or other compatible file format to AHS.DCFESDVSnip@vermont.gov.** I/we will use the invoice form provided to us. The “Veterinarian Rate Questionnaire” for sterilization of cats, dogs, and wolf-hybrids, will be used to help calculate the statewide median of reimbursement. No facility will be reimbursed above the statewide median for covered services.
- **I/we understand that VSNIP monthly invoices older than 90 days will not be honored by the State of Vermont.** Due to the high demand and limited funding of VSNIP, monthly invoices older than 90 days will not be honored by the State of Vermont. Please submit vouchers via email to AHS.DCFESDVSnip@vermont.gov.
- I/we understand that if program funding for reimbursement is depleted, we will be contacted immediately, so

that the facility can discontinue sterilization procedures performed under the program.

- I/we understand **vouchers are valid for 60 days from the date of issue**, and agree not to accept expired vouchers, unless an extension has been granted by the VSNI Administrator. I/we also agree to confirm that the animal being presented for sterilization is the animal listed on the voucher, and that the owner listed on the voucher is the one presenting it for services. **VSNI will only reimburse for covered services for the animal listed on the voucher, and to the owner listed on the voucher. I/we understand vouchers are not transferrable.**
- I/we understand the State may inspect or audit records related to the program and agree to maintain records for a minimum of three years.
- I/we understand that the filing of false information in connection with reimbursement claims or the failure to provide accurate information about the sterilization and immunizations for which reimbursement is claimed, may be considered a false claim under law and may be subject to legal action, including criminal charges of 13 V.S.A. § 3016.
- I/we will refer concerns about possible benefit fraud or complaints from VSNI clients to the VSNI Administrator.
- I/we understand that VSNI is a voluntary, discretionary benefit program for income-eligible Vermonters and that this veterinary practice can withdrawal from participation upon written notice, and that the State can likewise terminate the veterinary practice's eligibility to participate upon written notice.

All veterinarians participating at the facility must print their name, sign, date and list their license number below.

1.	_____	_____	_____	_____
	Print Name	Signature	Date	License Number
2.	_____	_____	_____	_____
	Print Name	Signature	Date	License Number
3.	_____	_____	_____	_____
	Print Name	Signature	Date	License Number
4.	_____	_____	_____	_____
	Print Name	Signature	Date	License Number
5.	_____	_____	_____	_____
	Print Name	Signature	Date	License Number
6.	_____	_____	_____	_____
	Print Name	Signature	Date	License Number

Please return completed forms to via email to: AHS.DCFESDVSnip@vermont.gov

Alternatively, you may mail forms to:

**Department for Children and Families Economic
Services Division, ATTN: VSNI 280 State Drive
Waterbury, VT 05671**