

ALABAMA VETERINARY MEDICAL FOUNDATION
SPAY – NEUTER LICENSE PLATE PROGRAM
Veterinary Hospital Enrollment

VETERINARY HOSPITAL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

FEDERAL TAX ID # _____

CONTACT PERSON(S) _____

PARTICIPATING ALVMA-MEMBER VETERINARIANS *(PLEASE ATTACH SEPARATE SHEET, IF NECESSARY):*

The _____ (“Hospital”) would like to

(Name of Veterinary Hospital)

participate in the ALVMF – Spay Neuter License Plate Program and agrees to the following:

- That all spay/neuter surgeries for which we request reimbursement from the ALVMF Program will be performed in facilities owned or operated by Hospital and each veterinarian working at hospital is a member of the Alabama Veterinary Medical Association.
- That we will not request reimbursement from the ALVMF Program for any surgery for which we or the veterinarian performing the surgery has received any other payment or reimbursement beyond a client co-payment of no more than \$10.00 per cat or \$20.00 per dog.
- For each surgery for which we request reimbursement, a ALVMF Program reimbursement form will be submitted, along with a copy of the client's Medicaid card, a copy of the client's picture identification with signature (such as a driver's license or equivalent), and a signed statement by the client that the household in which he or she lives has had no more than two dogs or cats altered under the ALVMF Program in one calendar year.
- Each ALVMF Program surgery form we submit will be signed by the veterinarian performing the spay/neuter surgery, and the client. By signing the form, Hospital, the veterinarian, and the client each authorizes the transfer of this information to the ALVMF and each agrees to cooperate in any verification by the ALVMF of the information provided.
- Hospital and each Participating Veterinarian agrees to separately and severally indemnify, defend and hold harmless ALVMF, ALVMA, and its affiliates, agents, officers, trustees, directors and employees from and against any and all losses, liabilities, damages, costs, claims, attorneys' fees, and expenses arising out of, or in any way related to, any facility or vehicle owned, operated or managed now or in the future by Hospital or any Participating Veterinarians and against all acts or omissions by or on behalf of Hospital and any Participating Veterinarian or any of Hospital's or any Participating Veterinarian's affiliates, agents, officers, trustees, employees, consultants, or other persons related to or acting on their behalf.

(Signatures on reverse)

- *By signing below, you represent that you are an authorized representative of Hospital.*

Signature _____ Date _____

Name *(Please Print)* _____ Position/Title _____

Participating Veterinarian _____ Date _____

Name *(Please Print)* _____ Position/Title _____

Participating Veterinarian _____ Date _____

Name *(Please Print)* _____ Position/Title _____

Participating Veterinarian _____ Date _____

Name *(Please Print)* _____ Position/Title _____

Participating Veterinarian _____ Date _____

Name *(Please Print)* _____ Position/Title _____

Participating Veterinarian _____ Date _____

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