New Jersey Department of Health  
Infectious and Zoonotic Disease Program  
Animal Population Control  
P.O. Box 369  
Trenton, NJ 08625-0369

VETERINARIAN CO-PAYMENT FEE SUBMISSION

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Type</th>
<th>Fee</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Public Assistance Surgeries</td>
<td>$10.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter Adoption Surgeries</td>
<td>$20.00</td>
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Total Co-Pay Amount: $

For reimbursement of surgeries, submit the original Application and Consent for Sterilization of Pets (APC-5) form for each surgery along with an original plus two (2) copies of the State of New Jersey Payment Voucher (APC-7) form to attention of the Animal Population Control Program, at the address shown above.

Completed By (Name and Title)  
Telephone Number

Signature  
Date