

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

Name and Address of Veterinary Hospital	Co-Payment for (Month/Year)
	Vendor Identification Number (9 digits) <p style="text-align: center;">- 00</p>

Quantity	Type	Fee	Total
	General Public Assistance Surgeries	x \$10.00 =	\$
	Shelter Adoption Surgeries	X \$20.00 =	\$
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