STATE OF CONNECTICUT DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM JEO Columbus Blvd. Hartford. Connecticut 0610

450 Columbus Blvd., Hartford, Connecticut 06103						
PARTICIPATING VETERINARIANS APPLICATION						
IDENTIFICATION						
Name of Practice/Facility (p	print)			Phone Number		
Street address	City	State	Zip Code	Fax Number		
Name of Owner/Operator of Practice/Facility				FEIN or Social Security Number		
		AGREEMEN	Т			
records in accordance with state issued by the Connect commissioner disqualifies any provision of sections 2 the right to appeal. The program shall provide vaccinations coincident with be in the amount of two hufor a female cat and eighty removal of sutures. In the shall pay the participating thirty dollars in addition to eligible owner. The vouched og or cat is medically unfiror cat may be fit for steriliz cases of a dog or cat having	regulations adopted under ticut Department of Public such veterinarian. The compartment of Public such veterinarian. The compartment of Public such veterinarian to any participate the sterilization performed oundred dollars (\$200) for a few dollars (\$80) for a male cat case of a sterilization fee expeterinarian the difference of the amount designated for the amount designated for er shall become void after set for surgery. Such certificate that it is the surgery is perfect that the surgery is perfect that the surgery is perfect that it is the surgery is perfect that the surgery is pe	esection 19a-14; and (4) he Health. Once approved, prices on any laws relating to the entire to the	old a currently participating veral veterinarian is the practice of adoption by idea by the cays after such so unfit for steril commissioner the normal cour			
	VETERINARIA	ANS PRACTICING	AIIHISI	FACILITY		
Name (print)	Prof. License Number		Signature		

Please mail this completed form to The Department of Agriculture, Animal Population Control Program, 450 Columbus Blvd., Hartford, Connecticut 06103. For information call 860-713-2507 or e-mail us at agr.apcp@ct.gov.

DEPARTMENT OF AGRICULTURE USE ONLY

Signature of Owner/Operator of Practice

Approved: YES NO Signature of State Official Date	

Prof. License Number

Date

APCP-02 rev 10.18.2021