

SANILAC COUNTY HUMANE SOCIETY
 PO Box 27, 3847 Sheldon St, Carsonville MI 48419
 (810) 657-8962

WORKING CAT SPAY/NEUTER AGREEMENT AND RELEASE OF LIABILITY

IT IS AGREED BETWEEN SANILAC COUNTY HUMANE SOCIETY (SCHS) AND THE APPLICANT, AS FOLLOWS:

The APPLICANT releases SCHS completely and absolutely from any legal liability for any cause whatsoever, in consideration of which SCHS will spay/neuter (**state number**) _____ such barn or stray cats when brought in by APPLICANT.

The APPLICANT understands that there will be no pre-surgical exam or diagnostics performed and, therefore, takes full responsibility for any potential complications arising from anesthesia or surgery. **Any post-operative veterinary care is the responsibility of the APPLICANT.** SCHS does not provide public veterinary services and APPLICANT will need to take cat, if necessary, to their own veterinarian and is responsible for any and all incurred costs.

APPLICANT agrees that if animal does not fit the following criteria, it WILL be turned away.




- Cat must be reasonably healthy; no open wounds, unhealed injuries and no obvious signs of illness
- Females must be dried up for at least 2 weeks after kittens have finished nursing
- All kittens must be at least 12 weeks old and/or physically large enough for surgery
- All males (kittens and adults) must have 2 descended testicles
- All cats must live in a barn or outbuilding or be genuine feral/stray cats. **THIS PROGRAM IS NOT FOR ANY CAT THAT LIVES INSIDE OF A HOUSE, REGARDLESS IF THE CAT STARTED AS A STRAY. WE WILL NOT SPAY OR NEUTER ANY HOUSE PETS.**

APPLICANT understands and agrees that all cats will receive the following:

- Surgical sterilization (spayed/neutered)
- Rabies vaccination that is good for 1 year
- Antibiotic injection
- Tip of left ear will have ¼ inch removed as identification of those fixed through the SCHS program. **EAR TIPPING IS A REQUIREMENT – NOT AN OPTION.** If you do not wish to have the ear tipped, you cannot participate in this program.

THE PRE-PAYMENT OF \$40.00 PER CAT (PLUS OTHER SERVICES REQUESTED) DUE AT THE TIME OF DROP OFF.

OTHER SERVICES AVAILABLE AT AN ADDITIONAL PER CAT FEE. PLEASE CHECK BOX FOR EACH SERVICE REQUESTED.

-  *Distemper Vaccine (protects against several respiratory and intestinal viruses)* \$10.00
-  *Flea Topical Treatment (kills and prevents fleas for 30 days) 1 dose* \$10.00
-  *Deworming liquid (kills roundworms – transmittable to children) 1 dose* \$10.00

SURGERY COST	OTHER SERVICES	DONATION*	TOTAL

CASH CREDIT CHECK *check number* _____

NAME (please print) _____


ADDRESS _____

CITY/STATE/ZIP CODE _____

PREFERRED PHONE NUMBER _____ Cell Home

EMAIL _____

SIGNATURE _____ DATE _____

**SCHS is a private nonprofit, 501c3, relying on public support.
 Donations are always appreciated. *

WORKING CAT SPAY/NEUTER PROGRAM

LEFT EAR WILL BE CLIPPED $\frac{1}{4}$ INCH.



I understand that the cat(s) will have the left ear clipped $\frac{1}{4}$ inch and I give my consent.

Name: _____

Please print

Signature: _____

Date: _____