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			•	
consideration of which SCHS	will spay/neuter (stat	e number)	_ such barn or stray o	ats when brought in by
APPLICANT.	tale and colline and and a			
The APPLICANT understands that	-			
for any potential complications a	_		-	-
APPLICANT. SCHS does not provi	•		will need to take cat, if	necessary, to their own
veterinarian and is responsible for	•			
APPLICANT agrees that if animal				
 Cat must be reasonably 		=	_	fillness
 Females must be dried 	•		_	
All kittens must be at le			igh for surgery	
All males (kittens and action in the second in the se				
				NOT FOR ANY CAT THAT LIVES
			WE WILL NOT SPAY OF	R NEUTER ANY HOUSE PETS.
APPLICANT understands and agr		eive the following:		
 Surgical sterilization (sp 	•			
 Rabies vaccination that 	is good for 1 year			
 Antibiotic injection 				
•			•	ogram. <mark>EAR TIPPING IS A</mark>
REQUIREMENT – NOT A	<mark>IN OPTION</mark> . If you do no	ot wish to have the ea	r tipped, you cannot pa	rticipate in this program.
THE PRE-PAYMENT OF	\$40.00 PER CAT (P	LUS OTHER SERVICES R	REQUESTED) DUE AT TH	HE TIME OF DROP OFF.
			•	
OTHER SERVICES AVAILABLE AT	AN ADDITIONAL PER CA	I FEE. PLEASE CHECK	BOX FOR EACH SERVICE I	REQUESTED.
	ntects agginst several	respiratory and inte	estinal viruses) \$10 00	n 🗆
	•	•	•	
Flea Topical Treatment				
Deworming liquid (kills)	roundworms – transı	mittable to children)) 1 dose \$10.00	
				_
Surgery Cost	OTHER SERVICES	DONATION*	TOTAL	
				1
L				J
CASH ☐ CRED	IT CHECK C	chack number		
CASH 💹 CRED	IT CHECK	check number _		
NAME (place print)				
NAME (please print)				
ADDRESS				
CITY/STATE/ZIP CODE				
PREFERRED PHONE NUMBER		Cell	☐ Home	
EMAIL				
SIGNATURE			DATE	

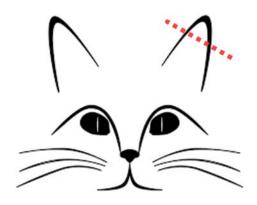
*SCHS is a private nonprofit, 501c3, relying on public support.

Donations are always appreciated.

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WORKING CAT SPAY/NEUTER PROGRAM

LEFT EAR WILL BE CLIPPED ¼ INCH.



I understand that the cat(s) will have the left ear clipped ¼ inch and I give my consent.

Name:	
Please print	
Signature:	
Date:	

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