

Yadkin County | 2015-2016 Spay Neuter Program

Thank you for your interest in the Yadkin County Spay Neuter Program, please complete this application and agreement and return with any requested information to the Yadkin County Animal Shelter located at 1027 Speaks Street, Yadkinville, NC 27055. Once reviewed you will be contacted by mail or phone. If you have any questions about the program call the Yadkin County Animal Shelter at 336.677.2500.

Applicant Information:

Name: _____

Address: _____

Phone Numbers: _____

Email: _____

Number of members in household: _____

Total Annual Income: _____

Please attach copies the following:

- Proof of Yadkin County Residency: current utility bill, government issued ID, current tax return/tax bill.
- Income Verification: Current/recent tax return. If there is no recent tax return due to not filling, acceptable means of income verification can include: W-2s, pay stubs, unemployment paperwork, Social Security and/or Disability benefits statements.
- Current Rabies Certificates for each animal

Animal Information: (dogs and cats only)

Name	Dog/Cat	Spay/Neuter	Breed	Color	Age	Weight

Do any of the above listed animals have health problems?

Does your animal(s) take medication? Are you aware of any allergies or sensitivities to medicine? If yes, please list below:

List persons that are allowed to pick-up and/or drop off your animal(s):

Name	Relationship	Contact Phone Number(s)

Office Use: Form & Agreement Complete _____ Residency _____ Income _____

Rabies Needed: YES NO Rabies Tag #'s _____

Approved: YES NO Staff Signature: _____ Date: _____

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Yadkin County Spay/Neuter Program uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet(s) named above, hereby request and authorize the Yadkin County Spay Neuter program, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal(s) named on the above portion of this form.

I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.

I certify that my animal is in good health and has had no food since 10:00 p.m. the evening prior to surgery.

I understand that Yadkin County Spay/Neuter Program has the right to refuse service to any animal to whom surgery is deemed a health risk.

I understand that Yadkin County Spay/Neuter program may not perform a complete physical examination before surgery is undertaken. I also understand that my animal will not receive pre-operative bloodwork and waive my right to have this service performed prior to surgery at a full-service veterinarian.

I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and heartworms.

I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.

I understand that if my animal has an open umbilical hernia, it may be repaired at time of surgery. I understand that if I don't retrieve my pet at the agreed upon time that I will be charged a boarding fee of \$5.00 per day/per pet for up to three days, and the end of the third day(72 hours) the Animal will become property of Yadkin County and may be adopted or disposed of as deemed just and proper as allowed by the State of North Carolina under G.S 90-187.7(a).

I hereby release the Yadkin County, Yadkin County Spay Neuter Program, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold Yadkin County and the Spay/Neuter Program harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God. **Your animal may receive a small tattoo after serialization surgery.**

I, _____, have read and understand the above agreement.

Signature _____ Date _____

** You will be allowed 2 no-show/missed appointments. If you are a no-show/miss the 3rd appointment, you will become ineligible for the program until the next fiscal year. You must re-apply to be considered.*

I would like to receive information on upcoming events, offerings and programs (examples: Rabies Clinics, Shelter events)