

EAST COAST MAINE COON RESCUE SPAY/NEUTER AGREEMENT

This Agreement pertains to any Kitten placed by ECMCR that is less than 4 pounds or under the age of 12 weeks at the time of adoption.

Your Name _____

Your Phone (____)_____

Your Address _____

Your Email Address _____

I agree to have the following ECMCR cat (name of cat) _____

Sex _____ Age _____ weeks Weight _____ lbs.

Spayed or Neutered on or before _____, 20 _____ .

I understand that my failure to have the spay/neuter surgery performed on the above date will initiate a forfeiture of the prepaid veterinary fees, and may result in the repossession of the above-named animal by East Coast Maine Coon Rescue or may result in a legal action to enforce this agreement.

I have arranged to have the spay/neuter surgery performed by _____,

a licensed veterinarian at _____ Veterinary Hospital

and I have prepaid for this surgery on _____, 20 _____ .

I HAVE AN ITEMIZED PAID IN FULL RECEIPT SHOWING THAT THE STERILIZATION FEES ARE PREPAID.

Your Electronic Signature: _____ Date: _____

THE BELOW SECTION TO BE COMPLETED BY AFOREMENTIONED VETERINARIAN.

I have been paid \$ _____ in full for an uncomplicated surgical sterilization for the above-named pet. The surgery is scheduled to be performed on _____. I understand that the above-mentioned monies may only be used for surgically sterilizing the aforementioned pet and will be forfeited unless the surgery is performed by the date specified. In the event of surgical complications, the above-named adopter will be responsible for the usual and customary fees associated with such complications. I also understand that I may be contacted by East Coast Maine Coon Rescue to verify that the surgery was successfully performed.

I WILL NOT REFUND ANY MONIES ON DEPOSIT REGARDING THE AFOREMENTIONED SURGERY WITHOUT WRITTEN AUTHORIZATION FROM EAST COAST MAINE COON RESCUE.

Veterinarian

Date

Please ask your ECMCR Case Manager where to Fax OR Scan this completed Spay/Neuter Agreement along with a copy of the prepaid receipt.