

SPAY/NEUTER AGREEMENT

P.O. BOX 1437, WAYNESBORO, GA 30830 / 888-846-3792 / WWW.OLDFELLA.ORG



This agreement is made and entered into by and between Old Fella Burke County Animal Rescue (Old Fella) and the undersigned (Owner). In consideration of the release of this animal, and in further consideration of mutual obligations herein, Old Fella releases the following animal to the new owner:

ANIMAL INFORMATION

CAT DOG			M F		/
Species	Pet's Name	Color / Breed	Sex	Age	Old Fella ID# / PetPoint #

OWNER INFORMATION

Name (Last, First)		Street Address	City	State	Zip
Phone (Home)		Phone (Work or Cell)	Email		

Owner accepts the above listed animal and agrees:

- To have the animal sterilized by a licensed veterinarian by the _____ day of _____, 20____, and if unable to keep this date, will notify Old Fella a week before the deadline so that an appointment may be rescheduled.
- To provide this document to Old Fella once the veterinarian performing sterilization has verified completion of the procedure by endorsing this form where indicated.
- Old Fella has the right of seizure and Owner will return the animal to Old Fella at no cost to Old Fella if Owner defaults on this agreement to spay/neuter the animal as outlined in this contract.
- To pay Old Fella all costs associated with legal and court fees if it is necessary for Old Fella to file or defend suit in court and/or expenses incurred by Old Fella in enforcing compliance with this agreement or in the recovery of the animal for default on this sterilization agreement.

Both parties to this agreement understand that to fail or refuse to comply with the requirements of Title 4 of the Official Code of Georgia Annotated is a misdemeanor and if convicted shall be subject to a fine of up to \$1,000.00.

This agreement shall be binding upon the assigns, heirs, executors, and administrators of the respective parties.

By: _____ DATE _____
SIGNATURE OF OWNER

By: _____ DATE _____
SIGNATURE OF OLD FELLA AGENT

PART 2—VETERINARIAN INFORMATION, TO BE COMPLETED BY CLINIC

HOSPITAL/CLINIC NAME:	DATE OF SURGERY:
	WEIGHT OF ANIMAL:

- | | |
|--|--|
| <input type="checkbox"/> Rabies vaccine administered | <input type="checkbox"/> DHLPP/FVRCP administered |
| If No: <input type="checkbox"/> Refused | <input type="checkbox"/> Feline Leuk/FIV Test: POS NEG |
| <input type="checkbox"/> Too Young | <input type="checkbox"/> Heartworm Test: POS NEG |
| <input type="checkbox"/> Not Needed | <input type="checkbox"/> De-worming |
| | <input type="checkbox"/> Heartworm Preventative |

I HEREBY ATTEST THAT SPAY/NEUTERING /IMMUNIZATION OF THIS ANIMAL WAS CARRIED OUT AS RECORDED ABOVE.
SIGNATURE OF VETERINARIAN PERFORMING SURGERY: _____ DATE: _____