Maine Coon Rescue Spay/Neuter Contract

This form pertains to any kitten placed by MCR that is less than 4 pounds or under the age of 12 weeks at the time of adoption.*

Name _____ Phone _____

Address _____

Email Address _____

I agree to have the pet described as _____
Cat's Name Sex Age Weight

Spayed or neutered on or before _____, 20 _____
Date

I understand that my failure to have the spay/neuter done at that time will initiate a forfeiture of the prepaid veterinary fees and may result in the repossession of the animal by Maine Coon Rescue or legal action to enforce this agreement.

I have arranged to have this surgery performed by _____,
a licensed veterinarian at _____ and have prepaid for
Veterinarian Hospital
this surgery on _____, 20_____.
Date

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

TO BE COMPLETED BY VETERINARIAN

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

I WILL NOT REFUND ANY MONIES ON DEPOSIT WITHOUT THE WRITTEN AUTHORIZATION FROM MAINE COON RESCUE.

_____ _____
Veterinarian Date

Ask your Case Manager where to fax this completed form along with a copy of the prepaid receipt

*Not valid in the state of CA