

Yadkin County | Spay/Neuter Program Application

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 (PO Box 220 if returning by mail), Yadkinville, NC 27055. Once reviewed you will be contacted by mail and/or phone. If you have any questions about the program, call the Yadkin County Animal Shelter at 336-849-7901 option 2.

Applicant Information:

Name: _____

Address: _____

Phone Numbers: _____

Email: _____

Number of members in household: _____ Total Household Annual Income: _____

- Please attach copies the following:
- Proof of Yadkin County Residency (**Government Issued ID, current utility bill, current tax return/tax bill**).
- Income Verification (**current Medicaid Card, current WIC wallet, current EBT card, or most recent Tax Return**). If there is no recent Tax return due to not filling, acceptable means of income verification can include: W-2s, unemployment paperwork, benefits statements or multiple pay stubs.
- Current Rabies Certificates for each animal if already vaccinated.
- **We only accept complete applications, do not turn in incomplete.**

Animal Information: (Dogs / Cats Only)

Name	Dog/Cat	Male/Female	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: _____

List persons allowed to pick-up and/or drop off your animal(s), other than yourself:

Name	Relationship	Contact Phone Number(s)

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

Rabies Needed: YES NO Rabies Tag #'s _____

Approved: YES NO ASD/ACM Signature: _____ Date: _____

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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, 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 8:00 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 the 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 I will be charged a boarding fee by the designated Veterinarian. If I fail to communicate with the Veterinarian and/or Shelter staff regarding a delay in retrieving my animal it will be turned over to the Yadkin County Sheriff's Office to be investigated as animal abandonment per NCGS 14-361.1. Abandonment of animals.
- I hereby release 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.**

By signing this application, you are agreeing that all of the information you have provided is accurate to the best of your knowledge. You are also releasing Yadkin County from any claims arising out of or connected to the information you have provided.

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

Signature _____ Date _____

*** If you are unable to make either of your appointments, call the Shelter at 336-849-7901 option 2 at least 24 hours prior to the appointment date/time. If needed, leave a brief message informing staff that you need to reschedule.**

*** If you are a no-show/no-call to either your rabies vaccine appointment or the spay/neuter appointment, you will become ineligible for the program until the next fiscal year. You must re-apply to be considered.**