



NEUTERING CONTRACT

ALLEGAN COUNTY DOMESTIC ANIMAL CONTROL

2283 - 33rd St.
Allegan, Michigan 49010
(269) 686-5112 • Fax (269) 686-4715

CLIENT# _____

PEN # _____

REC # _____

TO BE COMPLETED BY NEW PET ADOPTER

I understand that my failure to have the sterilization done as agreed will result in a forfeiture of the prepaid veterinary fees, and the repossession of the animal by Animal Control, and liquidated damages of the greater of \$100.00 or actual cost incurred to enforce the contract.

I, _____
Name (print) Phone (Home/Work) _____

Address City State _____

agree to have the pet described as a _____ neutered
Age Weight Sex Breed & Species

on or before _____

(signature)

****LOCAL VETS REQUIRE CURRENT VACCINATIONS ON ANIMALS PRIOR TO NEUTERING.****

TO BE COMPLETED BY VETERINARIAN

I have been paid \$ _____ in full for surgically sterilizing the above-described pet. The surgery is scheduled for _____
(date). I understand that the money can only be used for surgically sterilizing the aforesaid pet and will be forfeit unless the surgery is performed by the date specified. I also understand that I may be contacted by the Allegan County Animal Shelter to verify the surgery.

Veterinarian

Date

Veterinarian's Address

Phone Number

New Pet Adopter

Animal Shelter Agent