

DOG SPAY/NEUTER POLICY

The 1995 General Fund budget includes a line item for a new spay/neuter program. It is proposed that the Board of Commissioners adopt a new policy that all dogs adopted from the shelter be spayed or neutered (within 30 days for an adult dog and within 120 days for a puppy). This policy is intended to reduce the number of unwanted dogs in the County and to reduce the number of dogs which Animal Control must pick up and handle.

As part of this effort, it is proposed that the present adoption fee of \$20 remain the same but that a deposit for spay/neuter of \$15 be approved.

Animal Control Director Val Grimes has consulted with local veterinarians and has obtained support for the following program:

STEP 1 - A person adopting a dog pays the adoption fee plus a \$15 spay/neuter deposit. He/she takes the dog to the vet for a free physical exam and office visit. The vet tests the dog for heartworms (fee) and intestinal parasites (fee) to be sure that the dog is healthy before scheduling surgery. He/she schedules the surgery and vaccinates the dog for rabies (fee).

STEP 2 - The owner takes the dog to the vet for surgery. After surgery, the vet bills his/her usual fee less a \$15 vet discount, the \$15 spay/neuter deposit and the \$15 which will come from the line item in the animal shelter budget. He/she then bills the Animal Shelter for the \$15 deposit and the \$15 from the budget.

This new program accomplishes the policy of spaying/neutering all dogs adopted from the shelter at a net cost to the owner that is \$30 less than usual.

If you have any questions, please let me know. Thank you.

cc: Valarie Grimes

M-90-95

A motion to approve a spay/neuter policy and program for dogs and puppies adopted from the shelter as outlined by Animal Control Director Valarie Grimes.

ADOPTED: 04/11/1995

ATTACHMENT A

CASS COUNTY ANIMAL CONTROL

Post Office Box 132
Cassopolis, Michigan 49031
(616) 782 - 5968

SPAY/NETURING CONTRACT

NAME: _____

DATE: _____

STREET: _____

PHONE: _____

KIND OF ANIMAL: _____

TICKET #: _____

DESCRIPTION:
SHORT HAIR

BREED: _____

LONG HAIR

COLOR: _____

SEX: _____

AGE: _____

WARNING:

Because animals at the shelter come from different areas, it is impossible to know whether an animal has been exposed to or is incubating distemper or some other disease. The animals are given a preliminary vaccine when they are brought to the Animal Control shelter. However, if the animal has been exposed to distemper or is in the incubation stage of the disease, this may not prevent the disease from developing. I agree to take the above animal to a veterinarian for examination within 72 hours after adoption. Should this adoption not work out for your family, you must return the animal to the Cass County Animal Control shelter. You cannot transfer this animal to any other owner.

SPAY/NEUTERING :

In order to alleviate the overpopulation problem as evidenced by the need for this shelter to destroy many hundreds of surplus dogs and cats each year, it is mandatory that this animal be surgically sterilized as soon as possible following adoption. This surgery must be performed by a licensed veterinarian. This surgery must be performed within the month of _____. If this animal is now immature, such surgery must be performed within the month of _____.

AGREEMENT :

In adopting the animal described by the above number, I acknowledge complete understanding of the adoption conditions herein stated and agree to abide by them. I assume full responsibility for the treatment, care, spaying neutering by a licensed veterinarian, and all other ownership responsibilities and obligations. This certificate entitles me to \$_____, toward altering fee, and shall be delivered to the veterinarian performing the operation. Said veterinarian shall be reimbursed in the amount indicated above upon return of the original signed contract to the Cass County Animal Control.

SHELTER INFO:

SHOTS: _____

SIGNED: _____

New Owner

DATE: _____

SIGNED: _____

Authorized Agent of Cass County Animal Control

WORMED: _____

I hereby certify that I performed the spaying operation on the above animal on the _____ day of _____, 2021.

SIGNED: _____ D.V.M.

ADDRESS: _____

CITY, STATE, ZIP:

PHONE NUMBER:
