POLICY

Department	Policy No.	Page
Patrol & Emergency Communications	PE 009	1 of 4

Policy Title

DOG SPAY/NEUTER ADOPTION PROGRAM

Council Resolution	GM	CC	Cross Reference	Effective
No. 592-02 Date: November 26, 2002			AD 052	November 26, 2002

PURPOSE AND INTENT

There are never enough homes for the dogs in Parkland County, yet more are born each day. Many of these animals end up at the County Pound for various reasons. Only approximately 30 percent are reclaimed by owners, or adopted because nobody wants them. The best way to reduce the number of pets that must be destroyed is to reduce the number that are born. Reputable dog breeders, animal shelters, and pounds facilitate the reduction of unwanted pets by establishing neuter adoption programs.

POLICY STATEMENT

In conjunction with area veterinary clinics, Parkland County Animal Control Services will provide a dog neuter adoption program. Pursuant to By-law 18-99, any dog not redeemed from the County Pound may be adopted subject to established guidelines, or otherwise disposed of as approved by the Manager of Emergency and Patrol Services or his designate.

GUIDELINES AND PROCEDURES

a. A person wishing to adopt an animal from Parkland County will be expected to fill out the attached application for adoption. Upon completion and acceptance by Animal Control staff, fees must be paid as per Fees and Charges Policy AD 052.

b. Once the funds are received Animal Control will contact the appropriate veterinary clinic and arrange an appointment for the customer to have his/her new pet receive the following:

Health check
Microchip implant
Vaccinations
Rabies
Worming (if under 6months of age)
Spay/Neuter surgery

Any person not completing the spay/neuter surgery procedure will be prohibited from adopting future pets from Parkland County Animal Control Services. Should the adopting person not follow through with the above procedures, the funds will be retained by Parkland County.

ADOPTION APPLICATION

ANIMAL CONTROL SERVICES

Adoption Terms and Conditions

The Staff at Parkland County are committed to finding the most suitable homes for our Adoptable Animals. In accepting this animal you must understand and agree to carry out the following provisions. **PLEASE *READ* AND *CHECK THE BOX* ON EACH LINE**

1. I understand that Parkland County reserves the right to refuse adoption. ☐
2. I agree to follow through with the complimentary medical examination within 10 days following the adoption. At this time I will discuss further veterinary care such as booster vaccinations and repeat deworming with the attending veterinarian. I accept the responsibility of the ongoing veterinary expenses for the life of my pet. ☐
3. I understand that this animal will received its initial vaccinations and will require additional vaccines at my expense. ☐
4. If the animal is found to be medically unsatisfactory by the examining veterinarian, I shall promptly return it to Parkland County for a full refund **or take full financial responsibility for providing proper treatment for the diagnosed illness**. I understand that Parkland County cannot guarantee the health of this animal and will limit their liability to the adoption fee and spay/neuter deposit. ☐
5. I understand that this animal is not guaranteed for behavior or for adjustment into a new home. Commitment to proper training will be my responsibility. Should a problem in this area arise, I understand that any compensation (in the form of an exchange) to me will be at the sole discretion of Parkland County veterinarian and not guaranteed. **Refunds are for medical reasons only**. There is no refund or exchange for allergies. ☐
6. I understand that this animal will be implanted with microchip identification and that it is my responsibility to update records in the event of my address or phone number changing. ☐
7. I agree to provide the animal with adequate amounts of food and water at all times. I also agree to provide suitable outdoor shelter, daily exercise and regular veterinary care. ☐
8. I understand that this is a long term commitment to the care and welfare of this animal and that if for any reason I am unable to keep this animal I shall not sell, trade or give it away without first notifying the County as I will remain contractually obligated by this agreement. ☐
9. I agree to have this animal spayed ☐ neutered ☐ in accordance with Parkland County policy. I understand that an appointment will be booked at a clinic of my choice today and that I must follow through with this surgery. I understand that I will be responsible for the payment of GST on the surgery. I understand that my veterinarian may charge extra in certain circumstances e.g. on large breeds, females in heat, cryptorchid males or obese animals and that if complications arise this will also become my financial responsibility. ☐
10. I understand that certain circumstances make it impossible for Parkland County to determine whether an animal has already been spayed. In such cases I understand that the animal will be surgically explored to confirm the situation. I further understand that my spay deposit will go towards this procedure (and is not refundable) regardless of whether a complete surgery takes place. ☐
11. I understand that I may not adopt a pet for anyone other than an immediate family member whom I maintain guardianship of and/or reside with. I also understand that Parkland County will not adopt to anyone under the age of 18 years. ☐
12. I agree to comply with all municipal bylaws concerning the animal covered by this agreement. ☐

WHAT TYPE OF ANIMAL DO YOU WISH TO ADOPT? (Please circle one)

DOG PUPPY CAT KITTEN OTHER _____

NAME _____
Last First Initial

ADDRESS _____
Street, Apt # City/Town Province Postal Code

PHONE _____
Home Business Cellular/Pager

Who Is The Pet For? Self ☐ Gift ☐ For Whom _____
Does Anyone In The Household Have Allergies? _____
Who Will Be Responsible For The Pet's Care? _____
Why Do You Wish To Adopt This Pet? (Check All That Apply) Companion For Self ☐ Companion For Child ☐
Companion For Other Pet ☐ Breeding ☐ Working (Herding, Hunting, Guarding, Mousing) ☐
Are You: Attending School ☐ Working Outside Home ☐ Retired ☐ At Home ☐
Do You Rent Or Own? _____ Does Your Landlord Allow Pets? _____
May We Contact Your Landlord? Yes ☐ No ☐ Phone Number: _____
Type Of Residence? House ☐ Apartment ☐ Townhouse ☐ Other ☐ _____
Where Will The Pet Be Kept? Inside ☐ Outside ☐ Both ☐ Insulated Shelter ☐
Do You Have Other Pets? Yes ☐ No ☐ Type _____ Spayed/Neutered No ☐ Yes ☐

I HEREBY DECLARE THAT I HAVE READ AND AGREE TO COMPLY WITH THE TERMS AND CONDITIONS LISTED ON THIS APPLICATION

_____ _____
Signature Date

The personal information provided by you is being collected under the authority of the *Municipal Government Act* and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

TO BE FILLED OUT BY PARKLAND COUNTY STAFF

OCCURRENCE # _____

Date: _____ Time: _____ Member _____

Adoption Refused / Reason

_____

ADOPTION APPLICATION

ANIMAL CONTROL
SERVICES

TO BE FILLED OUT BY VETERINARY CLINIC STAFF

Occurrence Number:_____ Date Altered:_____

Name:_____ Circle One: Dog Spay Dog Neuter Cat Spay Cat Neuter

Address: _____

Animal: Age:_____ Sex:_____ Color:_____ Breed:_____

Veterinary Clinic:_____ Signature:_____

VACCINATION:

Time:_____ Date:_____

Veterinary Clinic:_____ Signature:_____
(Name) (Staff Member)

Veterinary Clinics please return forms to: Parkland County (Animal Control)
53109A SH 779
Parkland County, Alberta T7Z 1R1