



Maine Sheltie Rescue, Inc. 501(c) (3)

66 Caleb St.
Portland, ME 04102
ME LIC. # F1496
(207) 773-6677

mainesheltierescue@gmail.com www.mainesheltierescue.org

Maine Sheltie Rescue, Inc. supports the policy of spaying/neutering all rescued dogs. All dogs placed by Maine Sheltie Rescue, Inc. are spayed or neutered prior to placement except in instances where the dog is not a candidate for spaying or neutering due to age or physical condition.

In circumstances where spaying/neutering is not appropriate prior to placement, Maine Sheltie Rescue, Inc. requires adoption applicants to submit a \$100 spay/neuter deposit prior to placement of a rescued dog. This deposit must be submitted with the completed adoption application. Spay/neuter deposits will be returned to applicants upon providing Maine Sheltie Rescue, Inc. with documentation showing the spay/neuter procedure has been performed. Such documentation must be prepared by the veterinarian performing the procedure and indicate the date and location where the procedure was performed.

In the event that a medical condition prevents the timely completion of a spay/neuter procedure, adopters shall notify Maine Sheltie Rescue, Inc. of the reason for delay and provide documentation of why delay is necessary.

SPAY/NEUTER AGREEMENT

The undersigned acknowledges that the rescue dog adopted on _____ is not adopted for the purposes of breeding and agrees to take such steps as are necessary to ensure that this dog will not breed either intentionally or accidentally. These steps will include, but are not limited to, spaying/neutering the adopted dog prior to the dog reaching the age of _____ unless prevented by a documented medical condition.

The undersigned acknowledges that in the event such a medical condition is diagnosed by a veterinarian, documentation of such condition will be provided to Maine Sheltie Rescue, Inc.

Such documentation will be signed by the diagnosing veterinarian and indicate a date whereby the spay/neuter procedure may be performed.

Prospective Owner's:

Signature: _____ Date: _____, 20____

Name:

(Please print): _____

Address: _____ State _____ Zip _____

Telephone: Home : (_____) _____ Cell: (_____) _____

Email: _____

Driver's License Number: _____ Issuing State: _____

MSR Signature _____ MSR Phone (207) 773-6677