



**The OMC! (Only Maine Coons Rescue) Spay/Neuter Contract pertains to any Cat/Kitten placed by OMC RESCUE that is NOT spayed or neutered.**

To complete the adoption process and allow your new Cat/Kitten to go home with you, we ask that you do the following: complete this form, prepay for the spay or neuter procedure and have your vet complete the bottom portion of the form. Please provide a paid receipt along with this form to your Adoption Coordinator by email or directly to [info@omcrescue.org](mailto:info@omcrescue.org).

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am adopting ( name of cat/kitten) \_\_\_\_\_ who is \_\_\_\_\_ years/months old.

I understand that I must have this cat/kitten spayed or neutered as soon as my vet deems it is age appropriate (Kittens are usually spayed or neutered at six months of age.)

I have arranged to have this surgery performed by Dr. \_\_\_\_\_, a

licensed veterinarian at \_\_\_\_\_ and I

have prepaid the for this surgery on \_\_\_\_\_, 20\_\_\_\_\_.

Adopter Signature \_\_\_\_\_ Today's date \_\_\_\_\_

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***THIS SECTION TO BE COMPLETED BY VETERINARIAN.***

I have been paid \$ \_\_\_\_\_, in full for a surgical sterilization for the above described cat/kitten.

I will not refund the monies paid to me or my office under any circumstances. The monies paid in advance are for altering only, and if any other procedure or medication is required, the adopter will be responsible at the time of procedure. I understand that an OMC Representative may contact me or my office to confirm that the procedure has been completed. My signature certifies that I agree to spay/neuter the above named cat, providing that they are healthy upon an exam in my office.

**I will not refund any monies on deposit without written authorization from OMC.**

Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_