
**LANCASTER COUNTY ANIMAL SHELTER
STERILIZATION AGREEMENT**

CASE # _____

ADOPTER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS -- Daytime _____ Evening _____

DESCRIPTION OF ANIMAL _____

IMPORTANT - PLEASE READ BEFORE SIGNING

1. *I hereby acknowledge receipt of the animal described above from the Lancaster County Animal Shelter.*
2. *I agree to have the animal surgically sterilized within 30 days from the date of this agreement.*
3. *To help guarantee that the animal will be sterilized, I am placing a \$40.00 deposit with the Lancaster County Animal Shelter.*
4. *I understand that this deposit will be refunded to me if, within 45 days from the date of this agreement, I present proof of sterilization by a licensed veterinarian.*
5. *I understand that the adoption is conditional and is not final until the animal is sterilized.*
6. *I further understand that failure to sterilize the adopted animal within 30 days and provide proof to the Lancaster County Animal Shelter within 45 days will result in default of this agreement. I will, therefore, surrender the animal back to the Lancaster County Animal Shelter.*
7. *In addition to surrendering the animal, I also understand that I will forfeit any money deposited with the Lancaster County Animal Shelter. I also understand that I will be in violation of State Law Sections 47-3-470 et. seq. and will be fined \$200.00.*

INITIALS _____

SIGNATURE OF ADOPTER _____ DATE _____

SIGNATURE OF STAFF _____ DATE _____

Proof of Sterilization by Licensed Veterinarian due by _____

