

ASPCA® Mobile Spay/Neuter Clinics - Terms of Use Agreement for Rescuers
Revised 2/2009

I. Representation

I, _____, working on behalf of _____, acknowledge, agree and understand that I must comply with the requirements below when I utilize the services of the ASPCA Mobile Spay/Neuter Clinics (the "Mobile Clinic"). Further, I understand that in the event that I fail to adhere to any of the terms outlined below, the Mobile Clinic will no longer accept animals from me or my organization for spay/neuter or any other Mobile Clinic services.

II. Qualifications

(a) All animals needing spay/neuter services must meet the following criteria:

- 1) **They are homeless animals only (including feral cats and "junkyard dogs," animals that have been recently adopted out by my organization or will be put up for adoption). None of the animals are owned pets (unless permission is obtained from the Mobile Clinic management staff prior to using the clinic).**
- 2) All animals must be healthy and be at least 8 weeks old and weigh at least two pounds, unless approved by ASPCA Mobile Clinic staff.
- 3) No female dogs can be in heat. All male animals must have both testicles descended.
- 4) Feral cats must be trapped 2 days prior to the spay/neuter appointment in order to guarantee the appointment.
- 5) All bowls, dishes, blankets, dirty paper or any other contents must be removed from carriers or traps containing animals, with the exception of one clean layer of paper.

(b) I will take these animals to the Mobile Clinic on a designated "Rescue Day" by appointment only and arrive by 8 am with all animals trapped and ready for surgery. I understand that the veterinarian can refuse to perform any procedure on any animal for any reason. For appointments, I will call (877) SPAY-NYC. If I have questions, concerns, or any outstanding issues regarding spay/neuter or the ASPCA Mobile Spay/Neuter Clinic, I will call (877) SPAY-NYC. If they cannot answer my question, I understand that they will direct me to the appropriate staff member who can.

(c) I will not use the Mobile Clinic on "Public Days" that are designated for pet owners, as indicated on the ASPCA website or on the Clinic phone hotline. Absolutely no feral cats or other homeless animals will be accepted on the Mobile Clinic on a "Public Day".

(d) I will not represent that I am working on behalf of the ASPCA nor will I represent that I am collecting money on behalf of the ASPCA (donations must be made directly to ASPCA Mobile Clinic staff on behalf of the ASPCA).

(e) If I reserve multiple slots on a rescue day for my group or organization, I agree to be responsible for all communication with ASPCA staff and any rescuers recovering animals on

my or my organization's behalf, including appointment confirmations or cancellations, records, paperwork and any post-operative communications.

- (f) In the event that I must cancel my appointment(s), I will notify ASPCA staff by phone at (877) SPAY-NYC.
- (g) I understand that the Neighborhood Cats workshop "Trap-Neuter-Return: How to Manage a Feral Cat Colony" is a mandatory prerequisite to use of the ASPCA Mobile Clinic for all TNR groups and individuals.
- (h) When making an appointment
 - (i) For your and your cats' safety, all rescue appointment makers must be confirmed TNR certified. Your name will be cross referenced with the TNR Certification list. If your name is not found on the certification list, the Feral Cat Initiative will be contacted to assist in confirmation.
 - (j) When attending your appointment day
 - (k) The appointment maker must be the person dropping off animals the day of spay/neuter. Picture ID must be presented at intake. If someone other than the appointment maker attempts to drop off animals, unfortunately, those animals cannot be admitted for spay/neuter surgery. The appointment holder **cannot** send someone on their behalf for morning intake.
 - (l) When picking up your animals
 - (m) The appointment maker **can** send an individual on their behalf for animal pick up. Appointment makers must notify schedulers of this situation when they make their appointments. The person designated to pick up your cats will also have to show picture ID at the clinic. Since the person designated to pick up may not be TNR certified. The appointment holder needs to be available by phone during discharge. This will allow mobile clinic staff to go over what the pick-up person is getting in terms of general discharge info and also in terms of special situations, like if a particular cat needs special care.

III. Services to be rendered

I understand that all animals brought to the Clinic will be spayed/neutered and vaccinated against rabies and all feral cats will be eartipped unless they already have private placement. These services are provided at no cost, although donations are greatly appreciated. Other services will be offered, by request only, and only in conjunction with the spay/neuter surgery, and at the costs in section IV.

If I select to have any procedure in addition to spaying/neuter and a rabies vaccination performed on an animal, I will indicate those services by labeling the animal's carrier accordingly. Any animal in a carrier without a label will be spayed/neutered, rabies vaccinated and, if a feral cat, ear-tipped.

The ASPCA rents humane traps for TNR purposes only to people who have taken the Neighborhood Cats workshop. If I choose to borrow traps from the ASPCA trap bank, I will do so in understanding and agreeing to the following: Traps must be picked up and returned

Monday through Friday from 11 – 5 at ASPCA headquarters **by confirmed appointment only**. No walk-ins permitted! Traps may be kept for 7 days. A fully refundable deposit of \$50 per trap is required, payable by cash or by check. Appointments to pick up or return traps can be made by calling (877) SPAY-NYC.

I understand that the ASPCA Mobile Spay/Neuter Clinics do not provide services beyond those listed below, and I understand that all payment. I understand that all animals shall be picked up from the mobile clinic by me at the time designated by the clinic staff, on the same day as surgery/vaccinations and I understand that all payment for services rendered is due at pickup.

IV. Pricing for supplemental mobile clinic services*

Revolution for Cats & Kittens	\$10 per dose
Frontline for Cats & Kittens	\$10 per dose
SNAP FeLV/FIV Combo Test	\$25 per test
Felocell CVR vaccine	\$5 per vaccine
Revolution for Dogs & Puppies	\$15 per dose
Frontline for Dogs & Puppies	\$15 per dose
Canine Heartworm Test	\$17 per test
Interceptor Tablets 2-25lb dogs; 1.5-6lb cats	\$5 per tablet
Interceptor Tablets 26-100lb dogs; 6.1-25lbs cats	\$9 per tablet
DHPP Vaccine	\$10 per vaccine
Clavamox Drops	\$10 per bottle
Clavamox Tablets	\$2 per tablet
Triple Antibiotic Ophthalmic Ointment	\$6 per tube
E-collars (cats)	\$8 per collar
E-collars (dogs)	\$8 per collar
Microchips	\$20 per chip
Cardboard Carriers	\$5 per carrier

*Prices are subject to change at any time without notification.

V. Miscellaneous

- (a) I recognize that the ASPCA shall not be responsible for any liability in connection with any animal that I bring in for treatment on the Mobile Clinic.
- (b) I acknowledge that in addition to my consent to the Terms of Use set forth herein, I will be required to also complete and abide by the terms of the "ASPCA Spay-Neuter Assistance Program Consent Form and Release" that I must execute at the time I bring any animal in for treatment on the Mobile Clinic.
- (c) I will follow all post-surgical instructions I am given. I agree to call the ASPCA Mobile Spay/Neuter Clinics post operative line at (877) SPAY-NYC if I have any questions or concerns about any animal in recovery, to determine proper treatment and arrange any necessary post-operative care. If any animal experiences a post-operative complication as a result of spay/neuter surgery, the ASPCA will cover associated costs on a case by case basis.

I HEREBY WARRANT THAT I (A) HAVE THE RIGHT TO ENTER INTO THIS AGREEMENT ON BEHALF OF MYSELF AND THE ORGANIZATION THAT I WORK FOR, (B) AM OVER EIGHTEEN (18) YEARS OF AGE, (C) HAVE READ THE ABOVE AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION AND FULLY UNDERSTAND ITS CONTENTS AND REALIZE THAT THIS IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND THE ASPCA, AND (D) SIGN OF MY OWN FREE WILL.

ACKNOWLEDGED AND AGREED TO BY:

Name: _____

Signature: _____

Date: _____

Address/phone: _____

NOTE: MEDICATION WILL ONLY BE DISPENSED TO YOU WITH THE EXPLICIT AUTHORIZATION OF THE ASPCA AND SOLELY IN CONNECTION WITH ANIMALS ACTUALLY BEING TREATED IN THE CLINIC.