



# OPELIKA

ANIMAL HOSPITAL

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(334) 749-2025

Adopter Information	Pet Information
Name: _____	Name: _____
Address: _____	Dog ( ) Cat ( ) AFH Tag #: _____
City: _____ State: _____ Zip: _____	Breed(s): _____
Tel: (H) _____ (W) _____	Color(s): _____
(C) _____ (Other) _____	Age / DOB: _____ Sex: _____
E-Mail: _____	Origin: _____ OID: _____

## FOR ADOPTER

**The following statement is required by law: STERILIZATION OF ANY ADOPTED ANIMAL IS REQUIRED BY TITLE 3.1, CHAPTER 27.4, ARTICLE 6.1. THE ADOPTER AGREES TO ASSUME FULL RESPONSIBILITY FOR COMPLIANCE WITH THE PROVISIONS OF 3.1-796.126:1-7, WHICH PERTAIN TO THE TIMELY STERILIZATION OF THE ADOPTED PET. A PERSON WHO VIOLATES THIS ARTICLE IS SUBJECT TO CIVIL PENALTY. THE NEW OWNER MAY BE COMPELLED TO COMPLY WITH THE PROVISIONS OF THIS ARTICLE.**

I agree to have the above described pet altered no later than (date) \_\_\_\_\_ by a licensed veterinarian of my choosing. I acknowledge that I am responsible for all costs associated with the spay/neuter of my pet

*I certify that I have read and understand the terms of this Spay / Neuter Agreement. I acknowledge that failure to comply with these terms shall be considered a breach of contract and shall result in the immediate return of the adopted pet*

Adoptive Owner

Date

**Adoptive Owner: Within seven (7) days of the completion of the surgery, it is your responsibility to ensure compliance with this requirement.**

## VETERINARIAN'S CERTIFICATION

I hereby certify that I spayed/neutered the dog/cat described above on (date) \_\_\_\_\_

Veterinarian

Date

Veterinary Hospital

City

State

Telephone Number