



## SPAY/NEUTER REQUIREMENTS

1. **THE ADOPTER IS REQUIRED TO DELIVER TO FLOWER MOUND ANIMAL SERVICES, A COMPLETED VETERINARIAN'S CONFIRMATION OF STERILIZATION/RABIES FORM** as confirmation that the adopted animal has been spayed or neutered as required by this agreement. A copy of the Veterinarian's Confirmation of Sterilization/Rabies form is attached herewith for the Adopter's use. This form is to be completed and signed by the veterinarian who sterilizes the animal. **THE COMPLETED VETERINARIAN'S CONFIRMATION OF STERILIZATION/RABIES FORM SHALL BE DELIVERED TO FLOWER MOUND ANIMAL SERVICES NO LATER THAN THE 7<sup>TH</sup> DAY AFTER THE DATE THE ADOPTED ANIMAL IS REQUIRED TO BE SPAYED OR NEUTERED.** A licensed veterinarian or other persons authorized by the Veterinary Licensing Act must sterilize the adopted animal.
  
2. **IF THE ADOPTED ANIMAL CANNOT BE SPAYED OR NEUTERED AS REQUIRED BY THIS AGREEMENT DUE TO MEDICAL REASONS,** the Adopter is required to deliver a letter signed by a veterinarian to Flower Mound Animal Services, stating the reasons why the adopted animal cannot be spayed or neutered. **This letter shall be delivered to Flower Mound Animal Services no later than the 7<sup>th</sup> day after the date the animal was required to be spayed or neutered.** A letter from the veterinarian stating why the animal cannot be spayed or neutered is required to be delivered to Flower Mound Animal Services for each 30 day period in which the animal cannot be sterilized.
  
3. **IF A VETERINARIAN BELIEVES THE ADOPTED ANIMAL HAS BEEN PREVIOUSLY STERILIZED,** the Adopter is required to deliver to Flower Mound Animal Services, a completed Veterinarian's Confirmation of Animal Sterilization form indicating the adopted animal is believed to have been previously spayed or neutered. The form must be signed by the examining veterinarian, and **shall be delivered to Flower Mound Animal Services no later than the 7<sup>th</sup> day after the date the animal was required to be sterilized.** A copy of this form is attached for use.
  
4. **IF THE ADOPTED ANIMAL IS LOST, DIES, OR STOLEN** on or before the date it is required to be spayed or neutered, the Adopter is required to deliver a completed and signed Statement of Animal Loss, Theft, or Death form to Flower Mound Animal Services. A copy of this form is attached herewith for the Adopter's use. **The completed form shall be delivered to Flower Mound Animal Services no later than the 7<sup>th</sup> day after the animal's disappearance or death.**
  
5. **IF THE ADOPTER GIVES THE ANIMAL AWAY, OR SELLS** it the Adopter shall still be responsible for complying with the spay/neuter requirements contained in this agreement.
  
6. **FLOWER MOUND ANIMAL SERVICES MAY PROMPTLY RECLAIM THE ADOPTED ANIMAL** if the adopter fails to comply with the spay/neuter requirements contained in this agreement. It is unlawful for any person to obstruct, prevent, or interfere with the reclamation of the adopted animal.

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## **RABIES VACCINATION REQUIREMENTS**

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**TEXAS DEPARTMENT OF HEALTH REGULATIONS, AND TOWN OF FLOWER MOUND ORDINANCES, REQUIRE DOGS, CATS WHICH ARE 4 OR MORE MONTHS OLD TO BE VACCINATED AGAINST RABIES AND THEN WITHIN EACH 365 DAY PERIOD THEREAFTER. THE TOWN OF FLOWER MOUND ANIMAL SERVICES MAY FILE CRIMINAL CHARGES IN THE TOWN OF FLOWER MOUND MUNICIPAL COURT AGAINST ANY ADOPTER WHO FAILS TO HAVE THE ADOPTED ANIMAL VACCINATED AGAINST RABIES AS REQUIRED BY LAW.**

1. A licensed veterinarian must administer the rabies vaccination.
2. The sterilization/rabies form must be completed and returned to Animal Services.
3. If the adopted animal cannot be vaccinated against rabies due to medical reasons, the Adopter is required to deliver to Flower Mound Animal Services, a letter signed by a veterinarian stating the reason why the animal cannot be vaccinated against rabies. A letter signed by a veterinarian must be delivered to Flower Mound Animal Services for each 30 day period in which the animal cannot be vaccinated against rabies, unless the veterinarian states in the letter that the medical condition is permanent and that the animal can never be vaccinated against rabies.

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## **TOWN LICENSING REQUIREMENTS**

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**THE TOWN OF FLOWER MOUND CODE OF ORDINANCES REQUIRES DOGS AND CATS THAT ARE 4 OR MORE MONTHS OLD, AND KEPT IN THE TOWN, TO BE LICENSED WITH FLOWER MOUND ANIMAL SERVICES, AND THEN WITHIN EACH 365 DAY PERIOD THEREAFTER. THE TOWN OF FLOWER MOUND ANIMAL SERVICES MAY FILE CRIMINAL CHARGES IN THE TOWN OF FLOWER MOUND MUNICIPAL COURT AGAINST ANY ADOPTER WHO FAILS TO LICENSE THE ADOPTED ANIMAL AS REQUIRED BY THE TOWN OF FLOWER MOUND CODE OF ORDINANCES.**

1. Dogs and cats kept in the Town, which are 4 or more months old, are required to be licensed with Animal Services within each 365 day period.
2. Proof that the dog and/or cat have been properly vaccinated against rabies is required, before the animal can be licensed with the Town.

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## **MISCELLANEOUS INFORMATION**

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1. **THE TOWN OF FLOWER MOUND ANIMAL SERVICES DOES NOT GIVE ANY GUARANTEES OR WARRANTIES,** express or implied, regarding the health, temperament, or other characteristics of the adopted animal. The adopted animal is delivered "As is—Where is."
2. **THE TOWN OF FLOWER MOUND ANIMAL SERVICES IS NOT RESPONSIBLE OR LIABLE TO ANYONE ADOPTING AN ANIMAL.** As far as it is known, each animal offered for adoption is reasonably sound. The Adopter shall be responsible for all financial obligations incurred on behalf of or related to the adopted animal.
3. **THE ADOPTER MAY RETURN THE ADOPTED ANIMAL** to the Town of Flower Mound for any reason on a pre-arranged basis with Animal Services. Flower Mound Animal Services is not authorized to offer a refund or other reimbursement for adoptions or expenses associated with the care or treatment of the animal.
4. **INFORMATION PROVIDED ON THIS FORM MAY BE SUBJECT TO DISCLOSURE UNDER THE PUBLIC INFORMATION ACT.**

### **ATTACHMENTS:**

- \_\_\_ Veterinarian's Confirmation of Sterilization/Rabies Form
- \_\_\_ Statement of Animal's Loss, Theft, or Death Form

**VETERINARIAN'S CONFIRMATION  
OF STERILIZATION/RABIES VACC.**

TO: Town of Flower Mound Animal Services  
2121 Cross Timbers (mailing address)  
3950 Justin Rd. (physical address)  
Flower Mound, Texas 75028  
Ph: (972) 874-6390  
Fax: (972) 874-6475

ADOPTER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Veterinarian,

The animal being presented to you for sterilization and rabies vaccinations was adopted from Flower Mound Animal Services. The person who adopted the animal is required to deliver written confirmation to Flower Mound Animal Services that the animal has been sterilized and vaccinated as required by the Texas Health and Safety Code and Town of Flower Mound ordinances. Please take a few minutes to provide the information requested below, so your client can promptly return it to us.

If there is a medical reason that the animal cannot be sterilized or vaccinated at this time, please provide the reason why in the space provided below.

Thank you for your help and cooperation. If you have any questions or comments, please contact Flower Mound Animal Services at (972) 874-6390.

**DESCRIPTION OF ANIMAL**

<u>Species</u>	<u>Sex</u>	Breed: _____
___ Dog	___ Male	Color: _____
___ Cat	___ Female	Approx. Age: _____
	___ Unknown	Animal Name: _____

**VETERINARIAN'S CONFIRMATION OF STERILIZATION**

\_\_\_\_\_ The above described animal was sterilized by me on \_\_\_\_\_  
Month/Day/Year

**OR**

\_\_\_\_\_ I have examined the above described animal and it is my opinion that the animal has previously been sterilized.

**OR**

\_\_\_\_\_ The animal cannot be sterilized at this time. Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VETERINARIAN'S CONFIRMATION OF RABIES VACCINATION**

The above described animal was vaccinated by me on \_\_\_\_\_  
Month/Day/Year

Vaccination Number \_\_\_\_\_ Rabies Tag Number \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinic Name and Phone # \_\_\_\_\_

# STATEMENT OF ANIMAL LOSS, THEFT, OR DEATH

TO: Town of Flower Mound Animal Services  
2121 Cross Timbers (mailing address)  
3950 Justin Rd. (physical address)  
Flower Mound, TX 75028  
PH: (972) 874-6390  
Fax: (972) 874-6475

ADOPTER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DESCRIPTION OF ADOPTED ANIMAL**

SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_

AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_

DATE ADOPTED: \_\_\_\_\_

## **STATEMENT OF ADOPTED ANIMAL'S LOSS, THEFT, OR DEATH**

THE ABOVE ANIMAL WAS ADOPTED FROM FLOWER MOUND ANIMAL SERVICES. THE ANIMAL WAS NOT SPAYED OR NEUTERED AS REQUIRED BY LAW DUE TO THE FOLLOWING REASON:

### CHECK APPLICABLE REASON:

\_\_\_\_\_ THE ANIMAL WAS LOST OR RAN AWAY      \_\_\_\_\_ THE ANIMAL WAS STOLEN

\_\_\_\_\_ THE ANIMAL DIED

WHAT WAS THE DATE OF THE ANIMAL'S DISAPPEARANCE, LOSS, THEFT, OR DEATH? \_\_\_\_\_

IF THE ANIMAL DIED, WHAT WAS THE CAUSE OF DEATH? \_\_\_\_\_

Signature of Adopter

Date

### **NOTICE TO ADOPTER**

**IF THE ADOPTED ANIMAL IS LOST, STOLEN, OR DIES ON OR BEFORE THE DATE IT IS REQUIRED TO BE SPAYED OR NEUTERED, PLEASE COMPLETE THIS FORM AND RETURN IT TO FLOWER MOUND ANIMAL SERVICES. THE COMPLETED FORM MUST BE RETURNED TO FLOWER MOUND ANIMAL SERVICES NO LATER THAN THE 7<sup>TH</sup> DAY AFTER THE ANIMAL'S DISAPPEARANCE OR DEATH. YOU CAN DELIVER IT IN PERSON, FAX IT, OR MAIL TO:**

TOWN OF FLOWER MOUND ANIMAL SERVICES  
2121 CROSS TIMBERS  
3950 Justin Rd. (physical address)  
FLOWER MOUND, TEXAS 75028  
PH: (972) 874-6390 FAX: (972) 874-6475