

Flying Hound Fences



Happy Hills Animal Foundation, Inc.

Main Terms and Conditions

As a Flying Hound Fences (HHAF) Recipient, you understand, agree and accept the following main terms to sign on to our program.

Please initial on each line and sign your name below

_____ All dog(s) on the stated property, indoors and out **MUST** be spayed/neutered and up to date on Rabies Vaccines

_____ If voucher is issued and the appointment(s) is made and not kept or rescheduled before the voucher expires, the fence recipient understands another voucher will **NOT** be issued and they will be removed from the Flying Hound Fence list.

_____ During the spay and/or neuter process the fence recipient and dog owner understands that the voucher **ONLY** covers the spay/neuter procedure, parvo, distemper and rabies vaccines. Any other medications, deworming, flea/tick prevention, HW testing or other medical procedures **WILL** be the responsibility of the fence recipient.

_____ Follow up appointments for yearly visits, rabies and updates on shots **WILL** be the responsibility of the fence recipient.

_____ If Flying Hound Fences and/or HHAF is not contacted by phone with a contact number change and cannot reach you after numerous attempts by phone you **WILL** be removed from the Flying Hound Fences list. Our group is composed of all volunteers and we cannot drive back and forth to the stated property to give you any updated information regarding your fence.

_____ If dog(s) are added to the stated property, Flying Hound Fences and/or HHAF **Must** be notified immediately. It is at the sole discretion of Flying Hound Fences and/or HHAF whether additional fence/enclosures will be provided.

_____ During the follow up wellness visits, if another dog(s) have been added to the stated property without notification to Flying Hound Fences and/or HHAF, Flying Hound Fences and/or HHAF has the right to remove the fence/enclosure from the stated property.

_____ The fence recipient understands that the fence will **ALWAYS** remain the property of Flying Hound Fences/HHAF. If during a follow up wellness visit, the fence is not on the stated property any longer, Flying Hound Fences and/or HHAF has the right and **WILL** press charges for property theft.

_____ The fence recipient will notify Flying Hound Fences and/or HHAF if they relocate from the stated property. At this time if the move is within Randolph County, Flying Hound Fences and/or HHAF will relocate the fence. If the relocation is to be out of Randolph County, Flying Hound Fences and/or HHAF will come reclaim the fence.

_____ The fence recipient understands that if they are in need of a tarp, dog house(s) or bedding that they are to notify Flying Hound Fences and/or HHAF at this time. These materials may or may not be available at the time of request.

_____The fence recipient understands that during a wellness visit by Flying Hound Fences if the fenced in area has not been kept clean and free of debris, weeds or feces or that signs of any other neglect are visible, **Flying Hound Fences and/or HHAF will have the right to give warning to fix the issue and/or reclaim the fence and/or report the recipient to Randolph County Animal Control for a wellness visit.**

_____The fence recipient understands that there is **NO** promised date that they will have the fence/enclosure built/completed by. The time allowance will depend on severity, sponsorship, donations and volunteers.

_____The fence recipient understand that if he or she is renting on the stated property that he or she **WILL** have to provide a letter signed and dated by the property owner **before** the fence/enclosure construction will begin.

Date: _____

(Printed Name of Fence Recipient)

(Signature of Fence Recipient)

Address: _____

City: _____

State: _____ Zip Code: _____