

STATE OF SOUTH CAROLINA)
)
COUNTY OF EDGEFIELD)

ORDINANCE NO. 20-21-771

AN ORDINANCE TO APPROVE THE POLICIES FOR A SPAY/NEUTER PROGRAM FOR EDGEFIELD COUNTY, AND OTHER MATTERS RELATING THERETO.

WHEREAS, Edgefield County Council wants to provide its citizens with quality animal control service and wishes to reduce the population of unclaimed pets in the County; and

WHEREAS, Edgefield County through Resolution No. 11-12-344 agreed to a Memorandum of Understanding with the Aiken County SPCA, now known as the SPCA Albrecht Center; and

WHEREAS, Edgefield County has other Veterinarians in the County willing to provide this service; and

WHEREAS, the MOU established the County's willingness to work ~~with the SPCA~~ on a low cost spay and neuter program and to set aside \$5,000 in funding for this program for low-income families.

NOW THEREFORE, BE IT ORDAINED BY THE EDGEFIELD COUNTY COUNCIL:

Section 1: Council approves the Spay/Neuter Voucher program for dogs and cats in low-income households in Edgefield County, as outlined in Attachment A.

Section 2: The reimbursement amounts by the County to the ~~Aiken SPCA~~ SPCA Albrecht Center or other licensed veterinarian clinic for veterinarian services provided to dogs and cats for low-income families are as follows:

~~Dog & Cat Spay/Neuter \$55 per animal~~

~~The County will also pay a \$25 trip fee for the round-trip transportation of the animals to and from the clinic.~~

Cat Spay \$55

Cat Neuter \$40

Dog Spay \$80

Dog Neuter \$55

Section 3: The veterinarian/clinic is required to obtain proof that the animal has received its state-mandated rabies shot, and, if not, to vaccinate the animal. The veterinarian/clinic is also required to micro-chip the animal prior to returning to the owner. The costs of the rabies shot and the microchipping will be covered by the \$15 application fee which will be remitted to the SPCA or Veterinarian on the day of the procedure. The SPCA or Veterinarian may also require the animal to have a DHPP vaccine which will be paid by the applicant to the SPCA or Veterinarian.

Section 4: Savings Clause. If any portion of this Ordinance is deemed unlawful, unconstitutional or otherwise invalid, the validity and binding effect of the remaining portions shall not be affected thereby.

Section 5. Effectiveness. This Ordinance becomes effective immediately upon third reading by County Council.

Adopted this _____ day of _____ 2020.

Edgefield County Council

Edgefield County Council

ATTEST

H. Scott Cooper, Chair

Jennifer L. Gilley, Clerk to Council

First Reading: _____

Second Reading: _____

Third Reading: _____

Public Hearing: _____

Attachment A

The Edgefield County Spay and Neuter Program Information Sheet

Objective: To help reduce the unwanted pet population and to help reduce the intake for the animal shelter.

Qualifications: Residents of Edgefield County whose incomes fall within the following HUD Income Guidelines qualify for the spay/neuter voucher.

Edgefield County HUD Income Qualification								
Family Members:	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Income:	\$31,850	\$36,400	\$40,950	\$45,450	\$49,100	\$52,750	\$56,400	\$60,000

Explanation of Program: An individual wishing to participate in the spay/neuter program would fill out an application with questions about ownership, address, description of the animal, etc. The applicant signs the form testifying that their income falls within the Income Qualifications, above. If qualified, the applicant and requested service provider will be notified ~~receives a voucher~~ to have the animal(s) sterilized at the ~~Aiken SPCA~~. SPCA Albrecht Center or participating Veterinarians office.

~~The SPCA will pick up the animal at a location in Edgefield County, take the animal to Aiken for the surgery, and then return the animal to Edgefield County. The County will notify the pet owner of the date and location of the SPCA pick up. The pet owner will give the voucher to the~~ will then schedule the procedure at the facility of their choosing out of the two on the form. Edgefield County will reimburse to the veterinary service provider as provided for in Section 2 of this ordinance. at the time of pick up and Edgefield County will reimburse the SPCA for the voucher in the amount of \$55 per dog. Edgefield County will also pay the SPCA for the transportation for the animals in the amount of \$25 per round trip.

What do you do with the application: The owner mails, fills out online, or delivers the application to County Administration at 124 Courthouse Square, Edgefield, SC 29824. After verification of residency in Edgefield County, the County will send email notification ~~voucher~~ to the pet owner and the chosen service provider. ~~which will be given to the SPCA. A hard copy can be mailed if you don't have email but you will need to let us know when you submit the application.~~

Where can citizens get an application: Applications can be obtained on the Edgefield County website, www.edgefieldcounty.sc.gov, or the application can be picked up from the County Administration Office at 124 Courthouse Square in Edgefield.

Edgefield County Spay and Neuter Program Application/Voucher

The undersigned is a resident of Edgefield County and is seeking to apply for the Edgefield County Spay & Neuter Voucher Program.

I hereby consent and authorize the SPCA Albrecht Center or other participating veterinarian service ~~Aiken SPCA~~ to receive, prescribe for, treat, and operate upon my animal.

Applicant's Name _____ Phone Number _____
 Address _____ City _____ SC Zip _____
 Email Address _____

*We will email your voucher. If you need a hard copy mailed, please let us know.

Pet Information

Pet's Name _____ Circle One: Cat or Dog Breed _____
 Pet's Color _____ Weight _____ Sex _____ Eye Color _____

Please initial by **Both** of the following:

_____ I understand my pet may have a pre-existing health condition which may not be apparent at the time of surgery and could increase anesthetic and post-surgical recovery risk. I also understand that preoperative lab work such as CBC, BMP, EKG etc. will not be performed before surgery and am agreeable with this.

_____ By signing this consent/application, I assume all risks and hold harmless Edgefield County and the ~~Aiken SPCA~~ SPCA Albrecht Center or other participating veterinarian and waive all claims I later may have which may relate to the services provided to my pet under this Program.

Please initial by **One** of the following:

_____ I wish for the service to be provided by the SPCA Albrecht Center

_____ I wish for the service to be provided by the Edgefield Veterinary Clinic

The applicant has an annual household income equal to or less than as indicated in the chart below:

Please circle one of the following:

Edgefield County HUD Income Qualification								
Family Members:	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Income:	\$31,850	\$36,400	\$40,950	\$45,450	\$49,100	\$52,750	\$56,400	\$60,000

Affidavit: I (print name) _____ do solemnly swear that I am the owner of the subject animal, and the information that I have provided on this application is true. I accept any penalties set forth by law for providing false information about my income qualifications for this program.

Applicant's Signature **Date**

For Office Use Only: **Vouchers must be redeemed within 90 days of the approval date.**

Approved By _____ Approval Date _____