DOG'S NAME:	DOB:	
BREED:	ADOPTION DATE:	
DEPOSIT:	Microchip ID# or Sticker:	
	AGREEMENT TO SPAY OR NET	UTER
spay/neuter must be recesent via email to SaveM agreement to be honore that this dog is not yet in evaluation of this dog the procedure can be perforwhich time all other conditions.	of this dog is contingent upon your compliance varied by the rescue within fourteen (14) days a syTailSoCal@gmail.com. In the event that the ded, Save My Tail, inc must be provided with a stan physical or emotional condition for surgery. Be adopter will contact the veterinarian and estan estangent. The adoptive family will notify the rescue ditions of this agreement will apply and be enformed. The age for small breed, and 10 months	after the surgery. Proof may be og's health does not allow this ratement from your veterinarian ased upon the veterinarian's ablish the earliest date that the of this amendment in writing, at proced. Dogs adopted MAY NOT
performed is received. F agreed to in writing, will	the adopter, not the veterinarian, to ensure that allure to comply with this agreement by the day be considered a breach of the contract, and the ly Tail, inc and will not be entitled to a refund.	te below, unless otherwise e adoptive family will transport
By my signature below	v, I agree to have this dog spayed/neutered.	YOUR APPOINTMENT INFORMATION:
[] By no later than _	months of age on	Date:
[] Within	Days of Adoption on	Clinic:
	SPAY/NEUTER MUST BE SUBMITTED IN 14 DAYS OF PROCEDURE.	Drop off at 8a Pick up at 4:30p No food or water past midnight the night before. Cone, Take-home medications, pre-anesthesia bloodwork and IV catheter are optional, and at owners expense.
purposely bred or by accreturned to us and all pu	ment is an agreement that this dog will not prod cidental breeding. Accidental breeding is considuppies born from any breeding, accidental or ot t should puppy/dog not be altered that I will ret	dered neglect and the dog will be herwise, will become the property
Name:	DL# /STATE:	
Phone:		
Adopter Signature:		Date :
SMT Rep:		Date:
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