

PUPPY SPAY/NEUTER CONTRACT FOR SNARR RESCUE
by Robin Menard
SNARR SPECIAL NEEDS ANIMAL RESCUE & REHABILITATION

Puppy Spay/Neuter Contract

I, _____, understand that in adopting this puppy of ___ weeks old I agree to spay/neuter him/her by the time he/she reaches 6 months of age. I will provide proof of spay and or neuter to the rescue immediately after procedure is done. I also understand if this is not completed, SNARR Rescue has the right to remove the puppy from my placement for failure to fulfill this contract.

Applicant Signature:

_____ Date: _____

Please return a copy of your spay/neuter certificate upon completing the procedure to:

SNARR SPECIAL NEEDS ANIMAL RESCUE & REHABILITATION
PO BOX 313
ST MARTINVILLE LA 70582

Form can also be scanned and sent via email to robinm@snarranimalrescue.org