

SPAY/NEUTER AGREEMENT

336-429-6793 lankford_summer@yahoo.com 310 Evergreen Dr Mary Esther, FL 32569

Breeder (Selle	r)	Purchaser (Puppy Owner)
Full Name: Summer La	nkford	Full Name:
Website: summersund	doodles.com	Address:
Б		City:
Puppy		State:
Breed:		Zip Code:
Color:		Email:
Date of Birth:		Mobile:
Microchip #:		
Mother:		
Father:		
Sun Doodles you will surgery to seller of the does not allow this a	receive breed registration for done spay or neuter the seller is en	8 months of age. Once credible written proof is given to Summer og. If credible written proof is not given within 14 days after the atitled to \$20,000 in damages. In the event that the dog's health ner Sun Doodles must be provided with a statement from your cional condition for surgery.
date that the procedu		the Buyer will contact the veterinarian and establish the earliest will notify Summer Sun Doodles of this amendment in writing, at apply and be enforced.
· · · · · · · · · · · · · · · · · · ·	pility of the Buyer, not the ve urgery has been performed.	terinarian, to ensure that Summer Sun Doodles has received
· -		elow, unless otherwise agreed to in writing, will be considered a nis dog back to Summer Sun Doodles and will not be entitled to a
	w, I agree to have this dog spaye	
		eement that this dog will not produce a litter of puppies either by
	or by accidental breeding. I also a er Sun Doodles with no refund.	agree that should the puppy not be altered that I will return said
	Date	Date
	Breeder Signature	Purchaser Signature