|  |
| --- |
| Lucky Pups, Inc.1554 Easton Road Abington, PA 19001 |



Spay / Neuter Agreement

Permanent ownership of this dog is contingent upon your compliance with this agreement.
Proof of spay / neuter must be received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**ADOPTER**) within fourteen (14) days after surgery. In the event that the dog’s health does not allow this agreement to be honored, **Lucky Pups, Inc**. must be provided with a statement from your veterinarian that this dog is not yet in physical or emotional condition for surgery. Based upon the veterinarian’s evaluation, **ADOPTER** will contact the veterinarian and establish the earliest date that the procedure can be performed. **ADOPTER** will notify **Lucky Pups**, Inc. of this amendment in writing, at which time all other conditions of this agreement will apply and be enforced.

This is the responsibility of the **ADOPTER**, not the veterinarian, to ensure that **Lucky Pups, Inc.** has received verification that surgery has been performed. Failure to comply with this agreement by the date below, unless otherwise agreed to in writing, will be considered a breach of this Contract **ADOPTER** will be responsible for transporting this dog back to **Lucky Pups, Inc.** and will not be entitled to a refund.

By my signature below, I agree to have this dog spayed / neutered by no later than \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ and I understand that this spay / neuter agreement is an agreement that this dog will not produce a litter of puppies either as purposely bred or by accidental breeding. I also agree that should the puppy not be altered that I will return the puppy to **Lucky Pups, Inc.** with no refund or **Lucky Pups, Inc.** will initiate legal actions to retrieve the puppy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
telephone