



Tiny Paws Small Dog Rescue  
 2616 200<sup>th</sup> Avenue  
 Union Grove, Wisconsin 53182

**Small Paws – Big Hearts**

**Spay/Neuter Agreement**

For:  
 Tiny Paws Small Dog Rescue

Name of Dog: \_\_\_\_\_ Age: \_\_\_\_\_

Description of Dog: \_\_\_\_\_

Date of Adoption: \_\_\_\_\_

Adopter Name: \_\_\_\_\_

Adopter Phone(s): \_\_\_\_\_

Adopter Address: \_\_\_\_\_

\_\_\_\_\_

**Spay/Neuter Agreement:**

As the adoptive owner of the above rescued dog, I agree to have this dog neutered or spay by 6 months of age. If the dog is a retired breeder male or female, I agree to have the dog neutered or spay within 60 days of the adoption date. I understand the rescue will cover the cost of the neuter or spay if I agree to use the participating veterinarian for Tiny Paws. I have the option to neuter or spay at my own vet and upon receipt of proof of neuter or spay by Tin Paws, I will receive a \$50.00 refund. In order to receive this reimbursement, I must send a copy of the dated veterinary bill that reflects the charges for the neuter or spay to:

Vicki Lorenz  
 Tiny Paws Small Dog Rescue  
 2616 200<sup>th</sup> Avenue  
 Union Grove, Wisconsin 53182

Please be sure the dog's name and description are clearly marked on the invoice.

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Tiny Paws: \_\_\_\_\_ Date: \_\_\_\_\_