



**Biggie Paws Rescue**  
8342 Antioch Rd.  
Salem, WI 53168

**Biggie Paws Rescue**  
**Spay/Neuter Agreement**

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

Dogs Breed: \_\_\_\_\_ Dogs Markings: \_\_\_\_\_

Date of Adoption: \_\_\_\_\_ Sex of Dog: \_\_\_\_\_

Adopters Name: \_\_\_\_\_

Adopters Address: \_\_\_\_\_

\_\_\_\_\_

Adopters Phone Number: \_\_\_\_\_

As the adoptive owner of the above named puppy, I agree to a \$100 spay/neuter deposit. I agree to have the puppy spayed or neutered by the age of six (6) months or within two (2) months of the date of signing this agreement, whichever is later, unless pre-approved by a Biggie Paws Director, in which case an addendum will be submitted. This deposit will be fully refunded and returned within 14 days if using a Biggie Paws approved Veterinarian. If using my own Veterinarian, I understand proof must be submitted within 30 days of surgery.

If the adopted dog is still intact at 6 months of age, or within (2) months of the date of signing this agreement, whichever is later, I understand my deposit will be relinquished if still intact with no confirmation or medical diagnosis that is verified by a Veterinarian, and approved by the board of Directors. Failure to comply will result in forfeiture of said deposit and any fees associated will become the sole responsibility of the adopter. I agree to send a scanned copy of the dated veterinary bill or letter (please be sure the dog's name and description are legible) reflecting the charges or medical diagnosis to:

[biggiepawsrescue@gmail.com](mailto:biggiepawsrescue@gmail.com)

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

Date: \_\_\_\_\_

Biggie Paws: \_\_\_\_\_

Date: \_\_\_\_\_