Operation Paws for Homes, Inc. Spay/Neuter Agreement

The purpose of this agreement is to ensure that all adopters will complete the altering surgery for their adoptive dog. We appreciate your support and cooperation!

Puppy Name:	
In addition to the Adoption Agreement between the Adopter,, and Operation Paws for Homes, the Adopter agree to the following terms:	
1.	Adopter agrees to neuter/spay the adopted puppy by the following guidelines: a. Males: Within 6-8 months of the adoption. b. Females: Within 5-6 months of the adoption.
2.	Adopter agrees to supply Operation Paws for Homes with a veterinarian's letter or other proof that the neuter/spay procedure has been completed.
3.	If Adopter fails to neuter/spay this puppy and provide proof to Operation Paws for Homes by one year of age, the rights and ownership of the dog will terminate and revert back to Operation Paws for Homes who may immediately reclaim the dog.
When to spay/neuter: The spay/neuter procedure should generally be completed when the puppy is between 3-6 months for a female and 4-8 months for a male . You do not need to wait until a female puppy has had her first heat cycle before she is spayed. Additionally, you do not need to wait for the male to become sexually mature.	
Why s	The requirement to spay or neuter your new family member helps to prevent pregnancy and the birth of unwanted puppies. As a rescue organization, we strive to help reduce the overpopulation of animals in shelters by requiring that the dogs we adopt out to families comply with the terms of this spay/neuter agreement. Spaying your female dog helps to avoid the problems associated with estrus by spaying her before these problems may occur. There are several health benefits to completing her spay. Additionally, the neutering of male dogs reduces the tendency of the dog to urinate in the house, marking his territory.
I understand and agree to comply with the terms of this agreement.	
Signa	iture
Date	of Signature
NAME OF THE OWNER.	
	TER THE SPAY OR NEUTER

Please hold onto this information!!

Please send a copy of the receipt or certification of the completion of this surgery to:

OPHspayneuter@gmail.com for reimbursement of your deposit of ______.