

spayed on or before _____
with cost to be borne by Paws Unlimited.

Please Note: Paws Unlimited should retain a copy of all medical records for the dog. Any medical records must be sent to Paws Unlimited as soon as available.

Print: _____ Date: _____

Signed: _____ Phone: _____

Address: _____

Witnessed: _____ Date: _____
on behalf of Paws Unlimited