I agree to have the above described pet altered no later than *(date)* \_\_\_\_\_\_\_ by a licensed veterinarian of my choosing.  I acknowledge that I am responsible for additional costs only associated with the spay/neuter of my pet and that **DreamABull bears no obligation for any extra costs**.

DreamABull will pay the cost for low-cost spay/neuter services that are available through SpayMe Clinic, a microchip and their first Rabies vaccination through this clinic. You may give us a receipt from your vet if you choose to go there instead, but we will only cover the cost as if the dog had gone to SpayMe Clinic. For additional information, contact <https://www.spayme.com/>.

I understand that by voluntarily signing this agreement, I am entering into a legal and binding contract with DreamABull.  Breach of any term(s) of this agreement is deemed actionable by DAB, I agree to pay a minimum of $250.00 in damages.  Additionally, in order to facilitate the collection of damages for breach of contract, I waive any challenge to venue and agree that the appropriate venue for this matter is the Commonwealth of Wisconsin, and the County of Milwaukee.  Furthermore, I agree to accept service of process by certified mail, return receipt requested, to the address provided in this adoption contract, and specifically waive any right to receive personal service.

*I certify that I have read and understand the terms of this Spay / Neuter Agreement.  I acknowledge that failure to comply with these terms shall be considered a breach of contract and shall result in the immediate return of the adopted pet to DreamABull and may result in civil penalties as set forth in the referenced sections of the Code of Wisconsin.*

***Adoptive Family****: Within seven (7) days of the completion of the surgery, this form must be returned to DreamABull.  I****t is your responsibility to ensure compliance with this requirement***

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_