

**WILLY'S KITTY ANGELS RESCUE**

PO Box 223 Dudley, Ma. 01571  
508-873-0336

**SPAY A MOM CONTRACT**

**DATE:**

**NAME:** \_\_\_\_\_ **PETS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

I authorize Willy's Kitty Angels Rescue to test \_\_\_\_\_ for FIV and Feline Leukemia

I authorize Willy's Kitty Angels Rescue to place the kittens to adopters who have met their approval.

Willy's Kitty Angels Rescue agrees to spay the mother cat \_\_\_\_\_ and to provide rabies and distemper shots to said mother cat at no charge to the owner upon surrendering all kittens born to the mother cat as soon as the kittens are weaned, or at 8 weeks old, whichever comes first.

If all kittens are not surrendered, the owner of said kittens will be liable to reimburse Willy's Kitty Angels for all veterinary work provided. \_\_\_\_\_

**ADDITIONAL INFORMATION**

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I hereby surrender the kittens born to \_\_\_\_\_ into the care and custody of Willy's Kitty Angels Rescue

**OWNER:** \_\_\_\_\_ **WKAR REPRESENTATIVE:** \_\_\_\_\_