



Save-A-Mutt 'LAST LITTER' Program

Accident's Happen... and Puppies are a LOT of work. Save-A-Mutt is working with our community help prevent unplanned litters, ensure that every animal has a forever home and that we reduce the number of animals entering the shelter system.

As part of the Save-A-Mutt Last Litter Program, we offer free spay surgeries dogs brought into our program with their litters. The adoption fees from the puppies we receive, help us cover all the costs associated with this program.

In our Last Litter program, you will foster mom and puppies until approximately 6 weeks of age and weaned. We will then place all the puppies into our foster program. *You may not give away any puppies to family, friends, or sell the puppies.* Approximately two weeks after the puppies have been placed in foster, we will get your mom spayed (and dad neutered if owned by the same person), **free of charge**, and returned to the family. The puppies will remain with Save-A-Mutt to be altered, vaccinated, microchipped and adopted out.

In addition, Save-A-Mutt can provide the following services for your mom dog, **free of charge**:

- Microchipping, *you will register the microchip in your name*
- Rabies, DHPP, Kennel Cough Vaccines
- Pet food as needed (puppy food and puppy pads as needed)

Mom and Puppies too much for your home? We can also find them a safe place to land until they are ready to be spayed and neutered - Mom too. Then we will return her to you after she has had her surgery.

Acceptance into this program is subject to available foster homes. Please contact Jennifer Ward at jennifer@save-a-mutt.org of (425) 280-0502 for more information or to place your dog into our Last Litter into our program.

We request you email or text us Photos of your mom dog, dad dog if available, and of the puppies.

Please fill out the surrender application on the next page.



Pickup Date/Time: _____
Pickup Location: _____

LAST LITTER Contract

Thank you for entrusting your dog to Save-A-Mutt's Last Litter rescue program. Here is how the program works:

- 1) All animals entering SAM Last Litter must be owned pets. Stray animals need to be taken to your local animal shelter. _____ *initial*
- 2) The dog's owner(s), listed below, will foster mom and puppies until approximately 6 weeks of age, when they are weaned from mom. We will then place **all** the puppies into our foster program. You may not give away any puppies to family, friends, or sell the puppies. _____ *initial*
- 3) Participants of the program must agree to have the mom dog spayed within two weeks of the transfer of puppies into our foster program. The owner must be willing to take the dog to the veterinary appointments as scheduled by Save-A-Mutt, either in Lake Stevens or Everett Washington. _____ *initial*
- 4) Additional vaccination services are available for the mom dog at the time of surgery. Would you like us to vaccinate your dog? ___Yes ___No ___Rabies ___DHPP ___Kennel Cough _____ *initial*
- 5) Microchipping will be done for free, upon request. ___Yes ___No _____ *initial*
- 5) Save-A-Mutt will spay/neuter, vaccinate and microchip all the puppies at our expense. We then adopt the puppies through our adoption program. Puppies will not be returned to the previous owner. _____ *initial*

I, _____, certify that I am the sole and legal owner of this dog and hereby enter into the Save-A-Mutt Last Litter Program as of this date: _____.

The mother dog known as (name) _____ (breed) _____ (age) _____ and her _____ (qty) _____ (age) puppies will remain in my home* until they are 6 weeks old/and or weaned. I understand that with this contract those puppies become the property of Save-A-Mutt. I will make no attempt to sell, rehome, or reclaim these dog(s). Save-A-Mutt will assist, as needed, with medical care and/or food while they are in the Litter Program. *Optional foster for Mom and Puppies is available.

If I violate this agreement and do not turn over the puppies to Save-A-Mutt, I will be responsible for reimbursement to Save-A-Mutt for all medical or care related costs the organization has incurred, including, in the case of litigation, any attorneys fees incurred by Save-A-Mutt to seek reimbursement.

Signature of Owner(s)

Telephone Number & Email Address

Dog Name: _____

Physical Appearance:

Breed: _____ Color: _____ Size/Weight: _____

Age: _____, do you know your dog/cat's approx. date of birth? _____

Medical History:

Veterinarian _____

Phone _____

Date of last shots/kind? _____

Microchip company/number: _____

Flea Treatment? _____

Medications? _____

Other medical history (illness, allergies, injuries, physical problems)

Food:

Type of food? _____ Number of feedings per day? _____ Amount _____

Has your dog shown any food aggression? _____ To people? _____ To dogs? _____

Has the dog ever bitten a person? Yes _____ No _____

If yes, explain: _____

(For use by Save-A-Mutt only)

Program Approval by: _____ Date: _____

Pickup Volunteer: _____ Phone: _____

Mom & Puppies Puppies Only qty: _____ Mom, Dad & Puppies

Foster Home: _____ Date drop: _____

Foster Home: _____ Date drop: _____

Foster Home: _____ Date drop: _____

Transfer to Rescue: _____ Date: _____

SAM Hero Dogs: _____