



Veterinary Confirmation of Neutering Status

Confirmation that an XL Bully Type dog has been neutered or is exempt from neutering.

Section 1: Dog Owner to Complete

Use BLOCK CAPITALS. All fields are mandatory unless stated otherwise.

Details of Dog

Dog's name

Microchip number

Colour of dog

| Date of birth of dog (estimate the date if it is not kno | wn) |
|--|-----|
| Sex of dog | |
| Enter male or female. | |

Details of Owner

| Name of owner | |
|---|--|
| | |
| Email address of owner (optional) | |
| Enter an email address if you have one. | |
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| | |
| Address of owner | |
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| Eircode | |
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| Contact telephone number of owner | |
| Contact telephone number of owner | |
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| | |
| Signature of owner | |
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| | |
| Date | |
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Section 2: Veterinary Surgeon Declaration

The Veterinary Surgeon/Practitioner should complete Section 2 and delete Part A or B as appropriate.

| Dog | g's N | lame | • | | | | | | | | | | | | | | |
|-----|-------|-------|-------|-------|------|-------|------|------|-----|------|------|-------|------|------|---|--|--|
| Mic | rocl | nip n | numk | oer | | | | | | | | | | | | | |
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| *Da | te o | f neı | uteri | ng | | | | | | | | | | | | | |
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| *Da | te o | f coı | nfirn | natio | n th | at th | ne d | og w | vas | prev | ious | sly n | eute | ered | | | |
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*Delete as appropriate

(A)

I hereby confirm that the dog identified on this form has been neutered through castration in the case of a male dog, or through spaying in the case of a female dog.

*Veterinary Surgeon/Practitioner Neutering Declaration

I hereby confirm that the microchip number of the dog that has been neutered matches the microchip number on this form.

| I hereby certify that in my opinion the dog identified on this form should not be neutered for the following Medical Reason(s): |
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| Examples of Medical Reasons where surgical neutering may be contra-indicated: |
| Previous unexplained excessive surgical haemorrhage. |
| 2. Cardio-pulmonary compromise |
| 3. Other medical reasons(s) (Briefly outline above) |
| *Delete as appropriate |
| Name of Veterinary Surgeon/Practitioner |
| |
| VCI Registration Number |

| Veterinary Practice | Name & Addre | ess | | |
|---------------------|----------------|--------------|--|--|
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| Veterinary Practice | stamp | | | |
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| Signature of Veteri | nary Surgeon/E | Practitioner | | |
| oignature or veterr | nary ourgeon/i | Tactitioner | | |
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| | | | | |
| Date | | | | |
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