



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

Microch	nip n	umb	er					
Colour	of do	og						

Sex of dog	
Enter male or female.	
	Deteile of Owner
	Details of Owner
Name of owner	
Name of Owner	
Email address of owner (op	
Enter an email address if you	have one.
Address of owner	
Eircode	
Liicode	
Contact telephone number of	of owner
Signature of owner	
Dete	
Date	

Section 2: Veterinary Surgeon Declaration

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

Dog	g's I	Nam	е												
Mic	roc	hip :	num	ber											
*Da	te c	of ne	euteri	ing											
*Da	te c	of co	nfirn	natio	on th	at tl	he d	log v	was	pre	viou	ısly r	neute	ered	

*Delete as appropriate

(A) *Veterinary Surgeon/Practitioner Neutering Declaration

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.

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

(B)	*Veterinary Surgeon/Practitioner Exemption from Neutering Declaration
	eby certify that in my opinion the dog identified on this form should not be neutered for ollowing Medical Reason(s):
Exan	nples of Medical Reasons where surgical neutering may be contra-indicated:
1.	Previous unexplained excessive surgical haemorrhage.
2.	Cardio-pulmonary compromise
3.	Other medical reasons(s) (Briefly outline above)
*Dele	ete as appropriate
Nam	e of Veterinary Surgeon/Practitioner
VCII	Registration Number

Veterinary Practice Name & Address							
Veterinary Practice sta	amp						
Signature of Veterinar	y Surgeon/Pra	ctitioner					
Date							