Appendix 2



Government of Ireland



# **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.


### Date of birth of dog (estimate the date if it is not known)

### 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.

### Address of owner

### Eircode

### Contact telephone number of owner

### Signature of owner

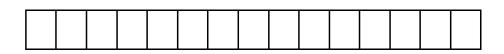
#### Date

# **Section 2: Veterinary Surgeon Declaration**

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

Dog's Name

### **Microchip number**



### \*Date of neutering

### \*Date of confirmation that the dog was previously neutered

\*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

I hereby certify that in my opinion the dog identified on this form should not be neutered for the following Medical Reason(s):

Examples 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)

\*Delete as appropriate

### Name of Veterinary Surgeon/Practitioner

#### **VCI Registration Number**

# Veterinary Practice Name & Address

# Veterinary Practice stamp

# Signature of Veterinary Surgeon/Practitioner

Date