

VETERINARIAN'S CERTIFICATION

Gentlemen:

Owner's Name		Address	
Animal's Name		Breed	
Age	Color	Sex	

To the best of my knowledge, I hereby certify that the above described dog has been

spayed or neutered. The surgery was performed in

Veterinary Clinic or Hospital	Date of procedure	City & State

Please check appropriate box:

- A veterinarian's record of certificate is available.
- A veterinarian's record of certificate is not available. Please check the appropriate box below:

If no prior record is available, I certify that I have examined the above described dog. My clinical observations leading me to believe the animal is effectively neutered are as noted below.

- Owner's historical data compatible with neutering.
- Midline abdominal scar compatible with ovariohysterectomy (Spaying).
- External genitalia and mammary development compatible with ovariohysterectomy.
- Testicles cannot be palpated in the scrotum or external inguinal area, compatible with castration.
- Unsound reproductive tract; effectively sterile.
- Known medical history of infertility or sterility
- Overall physiological condition incompatible with reproduction; effectively sterile.

Signed	Date
Veterinary License #	State