Vet Attestation of Sterilization Procedure Form

This section to be completed by attending licensed veterinarian

Please scan the pet's microchip number:

☐ **Yes, clinic scanned the chip** (**required***) ☐ **No, did not scan the chip**

Microchip number: _____ (Do not place a sticker here)

Pet Sex (circle one) **M** **F** and type (circle one) **Canine** **Feline** **Other** _____

Pet Weight _____ Fur Color _____

Date of Sterilization Operation (year-month-day) _____/___/___ and type:

Hysterectomy **Ovariohysterectomy** **Orchidectomy**

Other (describe) _____

Name of Vet Clinic _____ Phone _____

Street Address of Vet Clinic _____

City _____ State/Province/Territory _____ ZIP / Postcode / Post Code _____

Name of Veterinarian _____

By signing below, you attest that all information within this form is true and accurate to the best of your knowledge, and that the indicated operation has been carried out on the specified pet.

Signature of Veterinarian _____ Date (year/month/day) _____/____/____

*(microchip number as scanned by your vet clinic is required to fulfill your sterilization agreement unless your breeder has notified you that this pet did not receive a subcutaneous microchip, which is uncommon. Please have your vet directly scan the chip).

This section to be completed by pet owner

Owner Name _____ Pet name _____

Breeder Name (first, last, company) _____

By signing below, you attest that all information within this form is true and accurate.

Signature of Owner _____ Date (year/month/day) _____/____/____

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