

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

(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