Appendix 2





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

Dog's	name												
Microc	hip n	umb	er										
Colour	of do	og											
Date of	f birth	n of	dog	(est	imat	te th	e da	ite if	it is	not	: knd	own))

Sex of dog

Enter male or female.

	Details of Owner
Name of owner	
Email address of owner (option	al)
Enter an email address if you have	e one.
Address of owner	
Eircode	
Contact telephone number of ov	vner
•	
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	j's N	lame)														
Mic	rocł	nip n	umk	oer													
*Da	te o	f neı	uteri	ng													
*Da	te o	f cor	nfirm	natio	n th	at th	ne de	og w	as	prev	ious	sly n	eut	erec	k		

(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.

^{*}Delete as appropriate

(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):								
Exam	ples 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	te as appropriate							
Name	e of Veterinary Surgeon/Practitioner							
VCI R	Registration Number							

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