

Appendix 2



Rialtas na hÉireann
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.

Details of Dog

Dog's name

Microchip number

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Colour of dog

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