



## 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):

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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**