Spay & Neuter Requirement Form

As a responsible breeder it is required of me to track all offspring from my breeding program. This form is to be filled out by the Veterinarian who performs the surgery and to confirm the spay or neuter of your dog. Only the Veterinarian can fill out the bottom portion of this form. Please have them fill out this form completely and email this form from their office only to PrissyPantsPoodles@gmail.com .

OWNER'S PRIMARY CONTACT INFORMATION

Contact Number:_____ Email Address:_____

Address:_____ City_____ State_____ Zip_____

Owner's Printed Name:_____

Approval to release this information

X Owner's Signature_____ Today's Date:_____

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VETERINARIAN'S INFORMATION

(This section to be filled out by Veterinarian Only)

Dog's Name:_____ Microchip #_____

Date of Surgery ____/___/_____ Check: _____Spay or _____Neuter

Veterinarian's Printed Name:_____

Address:_____ City_____ State_____ Zip_____

(ORIGINAL SIGNATURE NO STAMPS)

X Veterinarian's Signature_____ Today's Date:_____