

## VETERINARIAN'S CERTIFICATE

Director of Customer Services  
City and County of Honolulu

Gentlemen:

Owner \_\_\_\_\_ Address \_\_\_\_\_

Animal's Name \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

To the best of my knowledge, I hereby certify that the above described dog has been neutered.

The surgery was performed in \_\_\_\_\_ (approximate year) at the \_\_\_\_\_

(Veterinary Clinic or Hospital) in \_\_\_\_\_ (City & State).

A veterinarian's record or certificate is/is not (circle one) available to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

CS - L(HHS) 81B (REV. 5/99)

Veterinary License # \_\_\_\_\_ State \_\_\_\_\_

If no prior record is available, I hereby certify that I have examined the above described dog. My clinical observations leading me to believe the animal is effectively neutered are as noted below:

\_\_\_\_\_ Owner's historical data compatible with neutering.

\_\_\_\_\_ Midline abdominal scar compatible with ovariohysterectomy (Spaying).

\_\_\_\_\_ External genitalia and mammary development compatible with ovariohysterectomy.

\_\_\_\_\_ Testicles cannot be palpated in the scrotum or external inguinal area, compatible with castration.

\_\_\_\_\_ Unsound reproductive tract; effectively sterile.

\_\_\_\_\_ Known medical history of infertility or sterility.

\_\_\_\_\_ Overall physiological condition incompatible with reproduction; effectively sterile.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Veterinary License # \_\_\_\_\_ State \_\_\_\_\_