

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 ovariectomy (Spaying).

_____ External genitalia and mammary development compatible with ovariectomy.

_____ 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 _____