

Appendix 2



**Rialtas na hÉireann**  
Government of Ireland



COMHAIRLE CONTAE  
CHEATHARLACH  
CARLOW COUNTY COUNCIL

# 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**



**(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**