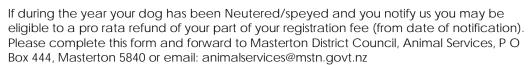
Neutered Dog Declaration

GL: 9030202





OWNER DETAILS Owner's name: MDC Owner No: Owner Date of birth: Street Address: Email: Home Phone: Mobile Phone: DOG DETAILS Name: Breed: Tag Number: Colour: Sex: Age: Name: Breed: Tag Number: Colour: Age: Sex: VETERINARY CLINIC Please provide written confirmation from the vet if they have neutered/speyed your dog - this can be emailed by the vet clinic to animalservices@mstn.govt.nz Or they can complete the section below Name of Veterinary Clinic: On behalf of the above named Veterinary Practice I confirm that the dog/s listed above were desexed by a member of our Veterinary practice: Date of Desexing: Signature (Vet Clinic Staff member) with Clinic Stamp **DECLARATION** I hereby certify that I am the registered dog owner and the above information it true and correct. (Please note we can impose a penalty for providing a false statement under the Dog Control Act 1996) Signature of registered owner Date Credit Dog Account Credit Bank Account Number Credit Rates Account **Property Valuation Number:** Please provide a bank deposit slip or printout from your bank. Hand written account numbers must be written by owners and are provided at owner's risk. OFFICE USE ONLY Refund required: Refund Amount: Approved By: Date Paid: \$ No Yes