

STERILISED DOG DECLARATION FORM

Part A

Name of owner: _____

Address of owner: _____

Name of dog: _____

Breed of dog: _____

Name of veterinary surgery where dog sterilised: _____

Date of sterilisation: _____

Part B

DECLARATION:

I declare that the dog described in Part A above is effectively sterilised (made permanently infertile by a surgical procedure).

Declared at the City of Albany on the _____ day of _____ 20 _____

Declared by: _____
(Name of owner)

Signed: _____

Declared before me: _____
(City of Albany representative – Print Name)

Signed: _____

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