



Verification of Sterilization Form

Owner Name: _____ Phone #: _____ Alt #: _____

Address: _____ City: _____ State: _____ Zip: _____

Dog's Name: _____ Gender: M F Color: _____

Breed: Golden Retriever Current Weight: _____ Date of Sx: _____

I, _____, as a licensed veterinarian, do confirm that I performed
{Veterinarian's Name – Printed}

an OHE / Orch Sx for _____ on the date indicated above.
{Circle One} {Dog's Name}

Signature of Veterinarian: _____ D.V.M.

Additional Comments: _____

Clinic Information: Please Print, Type, or Stamp Information

Name: _____ Phone: _____

Address: _____

When Completed, please send this form to:

Texas TLC Goldens: 31931 Lake Wind, Bulverde, TX 78162 or:

Email: admin@texastlcgoldens.com

Fax: (830)714-0139

Note to Veterinarian/Vet Techs –Please feel free to contact me, Theresa Curry, at any time if you have any questions about this form or if you need additional information on the puppy/dog mentioned above. 713-298-5354 THANKS!