

Regency Ranch Golden Retrievers **Verification of Sterilization Form**

Owner Name: _____ Phone #: _____ Alternate #: _____

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

Dogs Name: _____ Gender: M F Color: _____

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

I _____, as a licensed veterinarian, do confirm that I performed an OHE /Orch
{Veterinarian's Name-Printed} {Circle One}

Sx for _____ on the date indicated above.

{Dog's Name}

Signature of Veterinarian: _____ D.V.M License #: _____

Additional Comments: _____

Clinic Information: Please Print, Type, or Stamp Information

Name:

Phone:

Address:

When completed, please send this form to:

Regency Ranch Golden Retrievers
845 Hidden Hollow, Blanco, TX 78606
or email regencyranchgoldens@gmail.com

Note to Veterinarian/Vet Techs – Please feel free to contact me at any time if you have any questions about this form or if you need additional information on the puppy/dog mentioned above. 830-534-7516 THANKS!