

Regency Ranch Pups

Verification of Sterilization Form

Owner Name: _____ Phone #: _____

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

Dogs Name: _____ Gender: M F Color: _____

Breed: _____ 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: _____

When completed, please email this form to:
Regency Ranch at regencyranchtx@gmail.com

Note to Veterinarian/Vet Techs – Please feel free to contact me at any time if you have any questions about this form, need additional information on the puppy/dog, or need to speak to me about the puppy's health. Phone: 830-534-7516

THANK YOU