

# DESEXING FORM FOR LITTER

Litter Reg-CVI:L /

## TO WHOM IT MAY CONCERN

This is to certify that on the following date the animal described was desexed at the surgery below



<b>NAME OF PRACTICE</b>			
<b>ADDRESS</b>		<b>PHONE</b>	

<b>CAT NAME</b>		<b>BREED</b>		<b>COLOUR</b>	
<b>DATE of BIRTH</b>		<b>MALE or FEMALE</b>	<b>MICROCHIP NUMBER</b>		
<b>OWNERS NAME</b>			<b>BREEDER</b>		
<b>CERTIFIED BY VET</b>				<b>DATE</b>	...../...../.....

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