Spay & Neuter Verification form for (School Name)

Community Project to Help Children, Schools & Animals

Name of the Dog or Cat (please circle): Name of the Veterinarian or Vet Office:						
			Veterinary Office Contact Phone Number: Date the Spay or Neuter was Completed: I give my permission to have this information verified by the veterinarian's office. I also give my word that I am currently a resident of Maricopa County, Arizona. I do hereby indemnify and hold blameless the school and nonprofit participants in the Community Project to Help Children, Schools & Animals for any harm done to me, my family and my animal as a result of my participation in this program. Date:			
Print Name:	Signature:					
Community F Name of the Dog or Ca	er Verification form for (School No. 1970) Project to Help Children, Schools & Animals (please circle): ian or Vet Office:	nals —				
	act Phone Number:					
Date the Spay or Neute	er was Completed:	_				
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