

# 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: \_\_\_\_\_

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