

CANINE COMFORT, INC.
P. O. BOX 242
ANIAC, AK 99557
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www.canine-comfort.org

VETERINARIAN PROOF OF SPAY/NEUTER SURGERY

Owner: _____

Rescue Animal Description: Dog _____ Cat _____ Other _____

Name of Animal: _____ Dominant Breed: _____

Color: _____

Other Distinguishing Marks or Features: _____

VETERINARIAN INFORMATION

Name of Facility: _____

Physical Address: _____

City, State and Zip Code: _____

Date of Spay/Neuter Surgery: _____

Veterinarian's Printed Name: _____

Veterinarian's Signature: _____

License #: _____

Thank you for taking the time to fill out and return this form to Canine Comfort, Inc.
Kathleen Sweeney, Susan Luchsinger, Beverly LeMaster