

Pet Name:

AKLS 081214

Date of birth:

MALE

☒ FEMALE

☒ DOG

☐ CAT

Colour:

Black & White

Breed:

Rabbit Terrier X

Distinguishing features:

Microchip number:

Microchip implant date:

REGISTERED

Name of owner:

Contact number:

Physical address:

STERILISATION CERTIFICATE

This is to certify that the animal above

Was sterilised on:

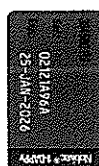
By Dr:

Vet Signature:

Date:

30/12/2025

Vaccine name
and batch number:



Signature
of veterinarian:

[Signature]

Next
vaccination:

30/01/2026

Date:

Vaccine name
and batch number:

Signature
of veterinarian:

Next
vaccination: