

Pet Name: **AHL 912160**

Date of birth: **± 2005/11**

☒ MALE ☐ FEMALE ☒ DOG ☐ CAT

Colour: **White x Brown**

Breed: **JRT X**

Distinguishing features:

Microchip number:

Microchip implant date:

Name of owner:

Contact number:

Physical address:

REGISTERED

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: **02/01/2026**

Date: **02/01/2026**

Vaccine name and batch number:

Signature of veterinarian: **[Signature]**

Next vaccination:

Microchip: **02121496A**
25-JAN-2026

Microchip: **02121496A**
25-JAN-2026

Signature of veterinarian: **[Signature]**

Next vaccination: **02/01/2026**

Date: **02/01/2026**

Vaccine name and batch number:

Signature of veterinarian: **[Signature]**

Next vaccination: