

Bachelor Creek Kennels, LLC.
Owner's Statement of Spay/Neuter

Puppy Name _____ Date of Birth _____ M or F
Owner's Name _____ Adoption Date _____
Address _____
City _____ Zip Code _____
Email _____
Phone # _____

Veterinarian Information

Name of Clinic or Vet _____
Address/City/Zip Code _____
Phone _____ Website/Email _____
Date or Procedure/Surgery _____

Proof of your Pet's Spay/Neuter can be done by the following:

1. Attaching a statement or receipt from your veterinarian or clinic that did the surgery, or who as examined your pet and can verify the surgery.
2. Please fill this form our completely, including signature.
3. Please send completed form to P.O. Box 156, Flora, IN 46929, email to bachelorcreekkennels@gmail.com or fax it to 574-635-9262.

By signing you agree "Under penalty of perjury (under the laws of the United States of America) that the above is true and correct."

Signature _____ Date _____

Printed Name: _____