

A veterinarian must complete and submit this form to the Animal Health Unit to be reimbursed (\$250) for spaying a dog owned by a resident of a rural Yukon Community.

Forms need to be submitted on the day of surgery to allow the Animal Health Unit to track the balance in the Fund.

Incomplete or illegible forms are not eligible for payment and will be returned.

OWNER INFORMATION

Name:	
Street address or box number:	
Community:	Postal Code:
Telephone number or Email address:	

DOG INFORMATION

Name:	
Breed:	
Age:	Weight:
Date of Spay:	

VETERINARIAN INFORMATION

Clinic Name:
Veterinarian's name (Please print):
Veterinarian's signature:
By my signature I confirm that I performed an ovariohysterectomy (spay) surgery on the dog described above.