



Pawnee County Humane Society, Inc.

620.282.2554 * P.O. Box 224 * Larned, KS 67550

www.pawneehumane.com

Certificate of Sterilization

I agree to have _____
surgically sterilized as required by Kansas State Law KSA 47-1731 no later
than _____, 200__.

Owners Signature

Date

I certify that the above animal has been spayed or neutered.

Date of Surgery

Name of Vet Clinic

Signature of Licensed Veterinarian

Date

Pet Owner: Please return this completed along with a copy of your vet bill to the address above. Deposits will not be refunded unless both items are received by the PCHS within 30 days of the surgery. Failure to have the animal neutered/spayed before the deadline may result in the animal being reclaimed by the PCHS and no refund given.

IN CASE OF the death of this animal before the spay/neuter deadline it must be verified by a veterinarian

I certify that the above animal has died.

Name of Vet Clinic

Signature of Licensed Veterinarian

Date