

Euthanasia Record

Date _____

Owners name _____

Address _____ City _____

State _____ Zip code _____ Phone _____

Pet information

Name _____ Breed _____ Sex _____

Color _____ Age _____ Canine/Feline/Other _____

I, the undersigned, certify that I am the owner (duty authorized agent for the owner) of the animal described above, that I do hereby give Doctor _____ his agents, servants, and representatives full and complete authority to euthanise and dispose of said animal in a humane manner. I release the doctor or representatives from any and all liability for euthanasia of the said animal. I do also certify that to the best of knowledge that said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to rabies.

Signed _____

Take home _____

Burial _____