

## EUTHANASIA RECORD

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Case # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (Specify) \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly 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 destroy and dispose of said animal in whatever manner they deem fit; and I do hereby and by these presents forever release the doctor, his agents, servants, or representatives from any and all liability for so destroying the said animal. I do also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to Rabies.

Signed \_\_\_\_\_