

EUTHANASIA RECORD

Date_____

Owner's Name_____

Case#_____

Address_____

City/State_____ Zip_____

Phone_____

Pet Name_____ Dog___ Cat___ Other (Specify)_____

Breed_____

Sex_____ Age_____ Color _____

I, the undersigned, certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Lindsay Mitchell, D.V.M. and her agents, servants, and representatives full and complete authority to euthanasia 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 the best of my knowledge the said animal has not bitten any person or animal during the last ten (10) days, and has not been exposed to Rabies.

Signed_____