

Euthanasia Form

Date: _____

Case No: _____

Owner: _____

Phone: _____

Address: _____

City/State/Zip: _____

Pet's Name: _____

Breed: _____ Sex: __ Age: __

Color and Marking's: _____

I, the undersigned, do hereby certify that I am the owner (or duty authorized agent for the owner) of the animal described above.

I give **Dr. Sebastiao** the complete authority to euthanize the above described animal and forever release the said Doctor from all liability for euthanizing the said animal.

To the best of my knowledge and belief, this animal has not bitten any persons during the previous 15 days and has not been exposed to rabies.

This animal should be:

Please initial on following

___ Returned to owner for burial

___ Communal cremation

___ Cremated with ashes returned to owner

___ Other: _____

Signed: _____ Date: _____