

EUTHANASIA CERTIFICATE

<company>
<co-address>
<co-city>, <co-st> <co-zip>

Date: <date>
Owner: <first-name> <last-name>
Street: <address>
City: <city>
Phone: <phone>
ID <number>

Name: <animal>
Breed: <breed>
Sex: <sex-name>
Age: <age>
Color: <color>

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the owner of the animal described below. I do hereby give the veterinarian(s) of Atchafalaya Animal Clinic, their staff and representatives full and complete authority to euthanize and dispose of this animal in whatever manner the veterinarian(s) deem appropriate.

I also certify that to the best of my knowledge this animal has not bitten any person or animal in the last fifteen (15) days prior to presentation and has not been exposed to rabies.

I do hereby release the veterinarian(s) of Atchafalaya Animal Clinic, their staff and representatives from liability for euthanizing and or disposing of this animal.

I understand euthanasia as has been personally explained to me by the veterinarian(s) and do give my permission to end this animal's life.

Patient's name _____

Owner/Agent's Signature _____
<first-name> <last-name>

Date _____