

Please select one:

- Ambassador Dog & Cat Hospital Signal Hill Animal Hospital Sunny Hills Dog & Cat Hospital
 Sunsurf Veterinary Hospital Whittier Dog & Cat Hospital

EUTHANASIA CERTIFICATE

PLEASE PRINT

Today's Date: _____

Owner's Name: _____

Address: _____

City/State/Zip: _____ E-mail Address: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ Emergency Contact: _____

PET INFORMATION

Pet's Name: _____ Dog ___ Cat ___ Other ___ Breed _____

Date of Birth/Age: _____ Sex: M F 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 _____ <serv-doctor>, his agents, servants, and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctor, his agents, servants, or representatives shall deem fit.

I do hereby, and by these presents forever release the said Doctor, his agents, servants, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen(15) days, and to the best of my knowledge has not been exposed to rabies.

- Owner authorize group cremation
 Owner wishes private cremation at additional cost
 Owner will take the body for private burial (owner is responsible to dispose the body according to the laws)

Signed: _____