

EUTHANASIA CERTIFICATE

ANTIGUA VETERINARY PRACTICE

195 San Marco Ave

St. Augustine, FL 32084

Date: _____

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Pet's Name: _____

Species: _____

Sex: _____

Age: _____

Color: _____

Markings:

I elect a private cremation with ashes returned. _____

I elect a communal cremation. _____.

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 Hospital Owner, DVM, 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.

Signed: _____