

Dr. H.J. Peeters Dr. B.J. Niemeyer Dr H.A Myren

## Chosen Valley Veterinary Clinic

# EUTHANASIA RECORD

Date of Death \_\_\_\_\_

Owner's Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Pet Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Description of Animal Breed \_\_\_\_\_

Color and Markings \_\_\_\_\_

\_\_\_\_\_ GROUP CREMATION (NO ASHES BACK)

\_\_\_\_\_ PRIVATE CREMATION (ASHES RETURNED TO OWNER)

IF PRIVATE: \_\_\_\_\_ WOOD BOX OR \_\_\_\_\_ DECORATIVE TIN

\_\_\_\_\_ CLAY PAW PRINT

\_\_\_\_\_ HOME BURIAL (NO CREMATION SERVICES NEEDED)

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 Doctors H.J. Peeters, D.R. Adams, B.J. Niemeyer, his agents, employees and representatives full and complete authority to destroy the said animal in whatever manner the said Doctors H.J. Peeters, B.J. Niemeyer, H.A. Myren his agents, employees, and representatives shall deem fit, and I do hereby and by these presents forever release the said Doctors H.J. Peeters, D.R. Adams, B.J. Niemeyer, his agents, employees, or representatives from any and all liability for so destroying the said animal.

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

Unless instructed otherwise, said animal is to be disposed of.

Signed \_\_\_\_\_