



Chosen Valley Veterinary Clinic **EUTHANASIA RECORD**

Date _____

Owner's Name _____

Address _____

Phone _____

Description of Animal Breed _____

Sex _____ Age _____ Name _____

Color and 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 Doctors M.A. Cyphers, H.J. Peeters, P.E. Seckerson, 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 M.A. Cyphers, H.J. Peeters, P.E. Seckerson, D.R. Adams, B.J. Niemeyer, his agents, employees, and representatives shall deem fit, and I do hereby and by these presents forever release the said Doctors M.A. Cyphers, H.J. Peeters, P.E. Seckerson, 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 _____