

EUTHANASIA CERTIFICATE

Avondale Animal Hospital
3624 5th Avenue South
Birmingham, AL 35222

Date:
Case No:

Owner:
Street:
City:
Phone:

Name:
Breed:
Sex:
Age:
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 Avondale Animal Hospital, 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: _____