

Veterinary Housecalls

1499 Calle Alcazar, San Clemente, Ca 92672

(949) 498-9588

EUTHANASIA RECORD

DATE _____

OWNER _____

STREET _____ CITY _____

ZIP _____

PHONE _____

NAME _____ SPECIES _____ BREED _____

SEX _____ COLOR _____ AGE _____

I, the undersigned, certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr Matthew.S.Brady D.V.M. his agents, and representatives full and complete authority to euthanize and dispose of the said animal in a humane manner. I release the doctor or representatives from any and all liability for euthanasia of the said animal. I do also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to Rabies.

Post Euthanasia Options:

- Leave remains with owner
- Communal cremation
- Private cremation

Paw Print:

- Yes
- No

SIGNED _____