

**EUTHANASIA RECORD**

**JAMES A. ZWART, D.V.M.**

DRYDEN ANIMAL CLINIC

2034 Dryden Road

Freeville, NY 13068

Telephone: (607) 844-9788

Date \_\_\_\_\_

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

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Animal's Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

I certify that I am the owner of (or person responsible for) the animal described above. I give the doctor and his/her assistants complete authority to euthanize this animal in whatever manner they recommend. I understand that the animal will be treated humanely. I release the doctor and his/her assistants from any liability for euthanizing this animal.

I also certify that this animal has not bitten any person or animal in the past 15 days and to the best of my knowledge has not been exposed to rabies.

I grant permission for postmortem study of the animal.  Yes  No

\_\_\_\_\_  
Owner or responsible party