

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