



Andrews Veterinary Hospital

1575 Main Street
Andrews, NC 28901
(828) 321-3316

www.andrewsveterinaryhospital.com

Euthanasia Record

Owner's Name _____ Date _____

Address _____ City/State _____ Zip _____

Phone _____

Pet's Name _____ Dog _____ Cat _____

Other (specify) _____ Breed _____

Sex _____ Age _____ Color _____ Markings _____

I, the undersigned, certify that I am the owner (dully authorized agent for the owner) of the animal described above, that I hereby give ANDREWS VETERINARY HOSPITAL full and complete authority to euthanize said animal in a humane manner. I release the doctor and representatives from any and all liability for euthanasia of said animal. I do also certify 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.

Signed _____