



**HIALEAH
ANIMAL CLINIC**
240 West 49th Street
Hialeah, FL 33012
(305) 825-4646

EUTHANASIA RELEASE

DATE _____

OWNERS NAME _____

ADDRESS _____ TELEPHONE _____

CITY/STATE _____ ZIP CODE _____

ANIMALS NAME _____

CANINE _____ FELINE _____ BREED _____ MIX _____

AGE _____ SEX _____

I CERTIFY THAT I AM THE OWNER OF (OR PERSON RESPONSIBLE FOR) THE ANIMAL DESCRIBED ABOVE. I GIVE THE VETERINARIAN AND HIS/HER ASSISTANTS COMPLETE AUTHORITY TO EUTHANIZE THIS ANIMAL IN WHATEVER MANNER THEY RECOMMENDED. I UNDERSTAND THAT THE ANIMAL WILL BE TREATED HUMANELY. I RELEASE THE DOCTOR AND HIS ASSISTANTS FOR ANY LIABILITY FOR EUTHANIZING THIS ANIMAL AND RELINQUISH ALL OWNERSHIP RIGHTS AND RESPONSABILITES OF THE ANIMAL DESCRIBED ABOVE TO HIALEAH ANIMAL CLINIC.

I ALSO CERITFY THAT THIS ANIMAL HAS NOT BITTEN ANY PERSON OR ANIMAL IN THE PAST 15 DAYS AND TO BEST KNOWLEDGE HAS NOT BEEN EXPOSED TO RABIES.

OWNERS SIGNATURE