

# EUTHANASIA RECORD

RUSSELL BAUMAN, DVM  
TELEPHONE (843) 718-4299

Owner \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Animal's name \_\_\_\_\_

Breed \_\_\_\_\_ Color and markings \_\_\_\_\_

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

I, the undersigned, certify that I am the owner (or the duly authorized agent for the owner) of the animal described above.

I give \_\_\_\_\_ and his/her agents and representatives  
Doctor's name

complete authority to humanely euthanize the said animal in whatever manner they deem fit. I also release the doctor and his/her agents and representatives from any liability for euthanizing the said animal.

I also certify that, to the best of my knowledge, this animal has not been exposed to rabies nor has it had the opportunity to transmit rabies in the last 15 days.

Date \_\_\_\_\_

Signature of owner/agent \_\_\_\_\_

Signature of witness \_\_\_\_\_