

**Paw Prints Veterinary Clinic
1745 Mileground Road
Morgantown, WV 26505**

Euthanasia Record

Date: _____ Phone: _____

Owner: _____

Address: _____

Pet Name: _____ Breed: _____

Sex: _____ Age: _____ Color: _____

I, the undersigned, certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I understand that by signing this agreement I authorize Paw Prints Veterinary Hospital and its agents or representatives to humanely euthanize this patient. I agree to release this hospital and its agents or representatives from any and all liability associated with the performance of this service.

Furthermore, I certify that, to the best of my knowledge, this patient has not bitten any person or animal in the past 15 days.

Signature: _____ Date: _____

Address (if different from above): _____

Witness: _____ Date: _____