

EUTHANASIA CERTIFICATE

Best Vet

512.336.9669, 8863 Anderson Mill Road #105, Austin, TX 78729

Owner: _____
Spouse: _____
Street: _____
City: _____
State: _____
Phone: _____

Name: _____
Breed: _____
Sex: _____
Age: _____
Color: _____
Markings: _____

Date: _____

Doctor: Dr. Bob Hardy III, DVM

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above; that I do hereby give Dr. Bob Hardy III, DVM, his agents, servants, and representatives full and complete authority to euthanize the said animal in whatever manner the said Doctor, his agents, servants, or representatives shall deem fit.

I do hereby, and by these presents forever release the said Doctor, his agents, servants, or representatives from any and all liability for so euthanizing the said animal.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days, and to the best of my knowledge has not been exposed to Rabies.

Signed: _____ Date _____
Owner/Agent