



The Animal Hospital of Havre De Grace
Dr. Bradley Price DVM
2120 Pulaski Highway
Havre De Grace, MD 21001
(410) 272 - 8656

Euthanasia Certificate

"A true friend leaves paw prints on our hearts."

Owner:
Date:
Home Phone:
Work Phone:
Cell Phone:

Pet's Name:
Species:
Breed / Color:
Sex / Age:
Weight:

We understand your grief at this time and that this process is very difficult. However, we ask that you read and complete this form that we may be able to meet your needs at this difficult time.

I, _____, do hereby certify that I am the owner or authorized agent for the owner of the animal described above; that I give Dr. Bradley Price and the Animal Hospital of Havre De Grace full and complete authority to euthanize this animal in an acceptable humane manner.

I do forever release Dr. Bradley Price and the staff of the Animal Hospital of Havre De Grace from any and all liability for so euthanizing this animal.

I do also certify that the animal described above **has not bitten any person or animal during the last 10 days**, and to the best of my knowledge has not been exposed to rabies.

I request the remains of this animal to be: (please check one)

- Returned to me.
- Mass cremated (the ashes will not be returned to me.)
- Privately cremated with the return of the ashes to me.

Owner or responsible party

Date