

San Gabriel Animal Hospital
1911 N. Austin Ave. #101
Georgetown, TX 78626
(512) 863-7502

George A. Roggendorff, D.V.M.

Euthanasia Record

Date: _____
Owner: _____
Phone: _____
Address: _____

Animal's Name: _____
Breed: _____ Weight: _____
Age: _____ Sex: _____ Color: _____

I prefer to be:
 Present
 Not Present
Please indicate how you would like to handle the body:
 Mass cremation through Pet Rest Crematory
 Individual cremation with ashes returned
 Take home and bury

I, the undersigned, do hereby certify that I am the owner or the duly authorized agent for the owner of the above described animal. I give full and complete authorization to euthanize the above described animal in whatever manner the said veterinarian, his agents, servants, or representatives shall deem fit. I do hereby forever release the said veterinarian, his agents, servants, or representatives from any and all liability for the euthanization of this animal.

I do certify the animal described 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.

Signature of Owner/Agent: _____