

LINDNER ANIMAL HOSPITAL

P.O. BOX 69
COMFORT, TEXAS 78013
(830) 995-3244

CLIENT'S NAME: _____

PATIENT'S NAME: _____

AGE: _____ SPECIES / BREED / COLOR: _____

I, THE UNDERSIGNED, CERTIFY THAT I AM THE OWNER (DULY AUTHORIZED AGENT FOR THE OWNER) OF THE ANIMAL DESCRIBED ABOVE. I DO HEREBY GIVE DR. BRYAN LINDNER, D.V.M, HIS AGENTS, EMPLOYEES, AND REPRESENTATIVES FULL AND COMPLETE AUTHORITY TO EUTHANIZE AND DISPOSE OF THIS ANIMAL IN A HUMANE MANNER. I RELEASE THE DOCTOR AND STAFF FROM ANY AND ALL LIABILITY FOR EUTHANASIA OF THIS ANIMAL. I DO ALSO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THIS ANIMAL HAS NOT BITTEN ANY PERSON OR ANIMAL DURING THE LAST 15 DAYS AND HAS NOT BEEN EXPOSED TO RABIES.

SIGNATURE : _____ DATE: _____