



COBB VETERINARY CLINIC

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Euthanasia Release Form

Owner's Name: _____

Address: _____

City, State, Zip: _____

Animal's Name: _____

Sex: _____ Color: _____ Age: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent of the owner) of the animal described above, and that I do hereby give the doctors of Cobb Veterinary Clinic, their agents, servants, and representatives, full and complete authority to euthanize and dispose of the said animal in whatever manner the said representatives shall deem fit. I do hereby release the said doctor of Cobb Veterinary Clinic, their agents, servants, or representatives from any and all liability for euthanizing and disposing of the said animal.

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

Signed: _____ Date: _____