

KLIMA SMALL ANIMAL CLINIC  
1210 SOUTHTOWN DRIVE  
WATERLOO, IOWA 50702  
(319) 232-3674

**EUTHANASIA CERTIFICATE**

**Client** name: \_\_\_\_\_ Date: \_\_\_\_\_.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_.

City/State: \_\_\_\_\_

Zip code: \_\_\_\_\_.

**Patient** name: \_\_\_\_\_ Species: \_\_\_\_\_.

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_.

Color: \_\_\_\_\_ Birth date: \_\_\_\_\_.

**EUTHANASIA AUTHORIZATION**

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of \_\_\_\_\_. I do hereby give the doctors of the KLIMA SMALL ANIMAL CLINIC, their staff and representatives full and complete authority to euthanize and dispose of the said animal in a humane manner.

I do hereby release KLIMA SMALL ANIMAL CLINIC, their staff and representatives from any and all liability for euthanizing and disposing of the animal. I do also certify that to the best of my knowledge, the said animal has not bitten any person or animal during the last 15 days and has not been exposed to rabies.

Signature:  X \_\_\_\_\_.