ANIMAL CONTROL
LINCOLN-LA NC AS TER COUNTY HEALTH DEPARTMENT

DESTRUCTION ORDER FOR INJURED ANIMALS

Date: ____________________

Time: ____________________

I, ______________________, D.V.M., have examined this animal and have found that
it should be humanely destroyed due to the extent of its injuries and/or being in such a diseased condition, that it is in intense
pain and suffering; and that it is my judgment that this injury or disease will result in the animal’s death.

______________________________
Veterinarian’s Signature

☐ This animal is unlicensed.

☐ A. Owner of this animal is unknown.
☐ B. Owner has been notified and given his permission to destroy animal.

☐ This animal is licensed.

☐ A. Owner cannot be contacted.
☐ B. Owner has been contacted and given his permission for destruction of animal.

☐ Owner permission given for destruction of animal:

☐ By Phone ☐ In person

______________________________
Owner’s Signature

This animal described as:

Breed ________________________
Color ________________________
Age ________________________
Sex ________________________
Other ID ________________________

May be humanely destroyed.

______________________________
Animal Control Officer

20x50-0688