



ANIMAL CONTROL
LINCOLN-LANCASTER 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