Lincoln-Lancaster County Health Department
Animal Control
Injured/Ill Animal Euthanization Form

Impound #______________ Officer # ____________ Time/Date _______________ Call# ____________

Shelter # ___________________ Bite/Attack Case # ________________

Type of Animal:  
❑ Dog  
❑ Cat  
❑ Other (specify) _____________________________

❑ Stray/At Large   ❑ Injured   ❑ Bite   ❑ Board   ❑ Abandon   ❑ Turn-In

Animal Description:
Breed __________________________________   Age ________ Color/Markings ______________________________

Sex __________  
❑ Possibly Feral Cat  
❑ Sex Not Determined

Other _______________________________________________________________________________________

Injury Description: (completed by ____________________________, D.V.M.)
Injury  
❑ Disease  ❑ _______________________________________________________________________________________

Euthanasia Order:
I ________________________________, D.V.M., have examined this animal and have found that it should be humanely euthanized due to the extent of its injuries and/or being in such an ill condition, that it is in intense pain and suffering; and that it is my judgement that this injury or illness will result in the animal's death.

______________________________________________________  ______________________
Veterinarian's Signature                                                                       Date

❑ Permission given for euthanization:  ❑ By Phone   ❑ By Fax   ❑ In Person

By ___________________________________________________  ______________________
Animal Control                                                                       Date