



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