



CITY OF LOUISIANA

Euthanasia Form

Animal's Name: _____

Species: _____ Color: _____

Breed: _____ Reason of Euthanasia: _____

Date of Euthanasia: _____

Animal Control Officer Name: _____

Euthanasia Performed by: _____

Veterinarian Signature: _____ Date: _____

Animal Control Signature: _____ Date: _____