EUTHANASIA CERTIFICATION FORM

Georgia Department of Agriculture [Hereinafter "GDA"]

Please Print the Following Animal Owner Information:

"GDA" Licensed Animal Shelter:					**License #**	
Physical Address:						
City:		**County:**		**Zip:**		**State of Georgia**

In accordance with the "Georgia Animal Protection Act" and the rules and regulations thereunder and as the Veterinarian of record; I have trained, instructed, and/or observed the layperson(s) listed below in the proper and humane methods of euthanasia.

These procedures are consistent with the A.V.M.A principles of Veterinary Medical Ethics with regard to intravenous injection, intraperitoneal injection, and intracardial injection.

Veterinarian Signature:		
Veterinarian Print:		
Date:		

PLEASE PRINT THE FOLLOWING INFORMATION AND MARK THE APPROPRIATE BOXES:

LAYPERSONS NAME	INTRAVENOUS	INTRAPERITONEAL	INTRACARDIAL