

ANIMAL EUTHANASIA

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; DoD Directive 5136.01; Army Regulation 40-905; SECNAVINST 6401-1B; AFI 48-131.

PRINCIPAL PURPOSE(S): To document your request for animal euthanasia and subsequent disposal of the remains. We will also use this form to identify and remove your animal's registration record from the files of animals registered with this veterinary treatment facility.

ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html may also apply.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information, your animal will not be euthanized by military veterinary personnel.

1. OWNER DATA

a. NAME	b. ADDRESS (Include ZIP Code)
c. TELEPHONE NUMBER (Include Area Code)	

2. ANIMAL DATA

a. NAME	b. SPECIES	c. BREED	d. SEX (Click to select)
e. COLOR	f. AGE	g. MARKINGS/MICROCHIP NUMBER	

3. DISPOSITION OF REMAINS (X one)

- Owner will retrieve from facility. Owner will/has arranged for retrieval by third party (name): _____
- Army veterinary facility will dispose in accordance with approved installation/local regulation/policy.

4. CERTIFICATION.

I, the undersigned, certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and that I give permission to perform euthanasia of the animal. I also certify that, to the best of my knowledge, the animal has not bitten any person or animal during the last ten (10) days, and has not been exposed to rabies. If remains have not been retrieved within ten (10) days, the veterinary facility may dispose of them without my permission.

a. SIGNATURE OF OWNER	b. DATE SIGNED	c. VETERINARY STAFF WITNESS
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