

VETERINARIAN'S STATEMENT RE: PHYSICAL CONDITION OF ANIMALS IN ABUSE CASE

(FS12)

ID # 7624 Species Dog Breed Border Collie Sex M Weight _____
Approx. age 2-4 yrs Description (color, markings) White with brown saddle & face

I, _____, am a veterinarian licensed in the state of NY. I am responding to a request by the _____ State Police and/ or the _____ SECA/Humane Society, that the above-identified animal receive my evaluation.

I hereby certify that this animal exhibits the following symptoms:

- . extreme emaciation _____ . excessive hair loss _____ . dermatitis _____
- . dehydration _____ . multiple bite wounds _____ . heartworm _____
- . generalized debility _____ . severe itching _____ . all of the above _____
- . other: fatty body condition, slightly underweight, slightly bloody stool, mild dental tartar

Signature Date 1/29/

Kept on premises _____
Relocated to _____ Date _____

STATEMENT TO BE SIGNED BY VETERINARIAN IF EUTHANASIA OF ANIMAL IS TO BE PERFORMED:

I hereby certify that this animal is so maimed, diseased, disabled, or infirm as to be unfit for any useful purpose.* Euthanasia is appropriate for this animal, whose symptoms are as described above.

Signature Date

* This language is excerpted from New York State Law which was drafted in the 19th century.

VETERINARIAN'S STATEMENT RE: PHYSICAL CONDITION OF ANIMALS IN ABUSE CASE

^{F-33}
ID # 7646 Species Dog Breed Brittany Sex F Weight _____
Approx. age 4-5 yrs Description (color, markings) Bumble-Tan/wh

I, Dr. [REDACTED], am a veterinarian licensed in the state of N.Y.. I am responding to a request by the _____ State Police, and/ or the _____ SPCA/Humane Society, that the above-identified animal receive my evaluation.

_____ I hereby certify that this animal exhibits the following symptoms:

- . extreme emaciation _____ . excessive hair loss _____ . dermatitis _____
- . dehydration _____ . multiple bite wounds _____ . heartworm _____
- . generalized debility _____ . severe itching _____ . all of the above _____

. other: dental disease - filthy haircoat slightly thin body condition with bloated abdomen. Walks in a crooked position - stifle abnormality?

Signature _____ Date 1/29/ _____

Kept on premises _____

Relocated to _____ Date _____

STATEMENT TO BE SIGNED BY VETERINARIAN IF EUTHANASIA OF ANIMAL IS TO BE PERFORMED:

_____ I hereby certify that this animal is so maimed, diseased, disabled, or infirm as to be unfit for any useful purpose.* Euthanasia is appropriate for this animal, whose symptoms are as described above.

Signature _____ Date _____

* This language is excerpted from New York State Law which was drafted in the 19th century.