**PET DEATH CERTIFICATE**



|  |
| --- |
| **Pet InformatIon** |
| **License No.** | **Canine** ❍**Feline** ❍ | **Pet’s Name** | **Gender** | **Breed** | **Date of Death** |
| **Owner’s Last Name/First Name** | **Email Address (if applicable)** | **Phone No.** |
| **Address** | **City** | **Zip Code** |

|  |
| --- |
| **VeterInary ClInIC InformatIon** |
| **Clinic Name** | **Address** | **Station No.** |
| **Veterinarian (Print Name)** | **DVM License No.** | **Phone No.** |
| **Signature** | **Date** |

* Death Certificate is not to be mailed or faxed. Please remit along with the Monthly Accounting Report and vaccine records.
* To view the status/information of any pet account, please log onto our website [*www.miamidade.gov/animals/*](http://www.miamidade.gov/animals/) and click on ‘Licenses’ icon followed by “Dog License Look-up.” Enter the most recent dog license number.
* For additional information, please call 3-1-1.

119\_01-110 8/12