**PET DEATH CERTIFICATE**



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| **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** |

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| **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.

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