



# PET DEATH CERTIFICATE

PET INFORMATION					
License No.	Canine <input type="radio"/>	Pet's Name	Gender	Breed	Date of Death
	Feline <input type="radio"/>				
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.