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Euthanasia Authorization

Owner: (please print) _____

Address: _____

Telephone: _____

Horse's Name: _____ Breed: _____

Color: _____ Sex: _____ Age: _____

I am the owner of the above-named animal or am legally responsible for its care and have the authority to request euthanasia. To the best of my knowledge and belief, this animal has not bitten any person during the fifteen days preceding this date.

I hereby release this animal to Equine Veterinary Associates for euthanasia (to be put to sleep humanely) and disposition.

I further agree to indemnify Equine Veterinary Associates and its employees against claims arising from all services performed and to hold harmless Equine Veterinary Associates from and against any and all liability arising out of this request and the performance of any of the procedures referred to above.

Signature of legal owner or representative

Date