



GREAT BASIN EQUINE  
MEDICINE & SURGERY, INC.



BRIAN S. PECK, DVM • MARTIN L. GARDNER, DVM • D. REESE HAND, DVM, DIPLOMATE ACVS • WM. TYLER BRADY, DVM

Euthanasia Request

Owner name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Animal's name \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Color and markings \_\_\_\_\_

*I, hereby request euthanasia of the above animal.*

*I am the \_\_\_\_\_ owner/ \_\_\_\_\_ agent to the owner with the owners permission.*

*Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_*

\_\_\_\_\_  
*(owner/agent signature)*