



Euthanasia Request

Owner: _____

Address: _____

Telephone: _____

Horse Name: _____

Breed: _____

Color: _____

Age: _____

Sex: _____

I am the owner of the above named animal or am legally responsible for its care and have the authority to request euthanasia.

I hereby release this animal to Southern Equine Veterinary Services, PLLC for euthanasia. I understand that it is my responsibility to properly dispose of the animal after euthanasia.

I further agree to indemnify Southern Equine Veterinary Services, PLLC and its employees against claims arising from all services performed and to hold harmless Southern Equine Veterinary Services PLLC 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