

HABITAT FOR HORSES

P.O. Box 213
Hitchcock, TX 77563
1-866-434-5737



Euthanasia Form

Revision Date: April 3, 2007

Equine Information:

Name: _____ Equine No: _____

Age: _____ Breed: _____

Sex: _____ Color: _____

Markings: _____

Euthanasia Information:

Date euthanasia performed: _____

Location, if different from foster home: _____

Reason(s) for euthanasia: _____

Medical history leading up to euthanasia: _____

Veterinarian Information:

Name/Clinic Name: _____

Address: _____

Phone: _____ E-mail: _____

I, the undersigned, believe it is in the best interest of the above described equine to be euthanized.

Signature of Veterinarian

Printed Name of Veterinarian

Date

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Foster/Adopter Information:

Name: _____

Address: _____

Phone: _____

E-mail: _____

I, the undersigned, agree that the information about the above described equine is true to the best of my knowledge.

Signature of Foster Home

Printed Name of Foster Home

Date

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