

DESERT PINES EQUINE MEDICAL & SURGICAL CENTER

Garth W. Lamb, DVM
Leslie A. Schur, DVM
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AUTHORIZATION TO PERFORM EUTHANASIA

As owner, or duly authorized agent of the owner, of the animal described hereon, I hereby consent to, and order, euthanasia to be performed on same for humane reasons.

Animal Name: _____

Breed: _____ Age: _____

Sex: _____ Color: _____

Owner/Agent Signature

Date: _____