



Harrison Equine PLLC - PO Box 966-Berryville, VA 22611-(540)955-3001

EUTHANASIA RELEASE

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

ON THIS DATE _____ I GIVE MY PERMISSION TO EUTHANIZE THE ANIMAL NAMED _____.

DESCRIPTION OF ANIMAL:

Breed: _____ Sex: _____ Age: _____ Color & Markings: _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM THE OWNER (DULY AUTHORIZED AGENT FOR THE OWNER) OF THE ANIMAL DESCRIBED ABOVE; THAT I DO HEREBY GIVE DOCTOR _____, HIS AGENTS AND REPRESENTATIVE FULL AND COMPLETE AUTHORITY TO HUMANELY DESTROY THE SAID ANIMAL IN WHATEVER MANNER THE SAID DOCTOR, HIS AGENTS AND REPRESENTATIVES SHALL DEEM FIT; AND I DO HEREBY AND BY PRESENTS FOREVER RELEASE THE SAID DOCTOR, HIS AGENTS AND REPRESENTATIVES FROM ANY AND ALL LIABILITY FOR SO DESTROYING THE SAID ANIMAL.

THE INSURANCE COMPANY _____,

HAS BEEN NOTIFIED ON _____.

OWNER OR AGENT SIGNATURE

DATE: _____

PRINT NAME

PHONE #: _____

WITNESS

DATE: _____