Steinbeck Country Equine Clinic

15881 Toro Hills Ave.
Salinas, CA 93908
(831)-455-1808; (831)-455-1906-fax
www.steinbeckequine.com

Authorization to Perform Euthanasia

Owner:
Horse:

Date:

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. I further authorize the attending veterinarian to dispose of the remains in accordance with hospital policy.

YES NO
(please circle one)

Signature_____