



GOLDEN EARS EQUINE SERVICES LTD.

Dr. Stefanie Jeanneret

10328 276th Street, Maple Ridge, B.C V2W 1M6
604-844-0086

EUTHANASIA REQUEST FORM

I, _____, certify that I am the owner/agent
representing the owner _____ of the horse named
_____.

I desire and request that this horse be put down for humanitarian reasons by Golden Ears
Equine Services on this day _____. I understand that this decision and its
consequences are final and unchangeable once the lethal injection is given.

Signature _____