

**RETAMA EQUINE HOSPITAL, INC.**

17555 Old Evans Road

Selma, Texas 78154

210-651-6375 • 210-651-6376 (fax)

**EUTHANASIA RELEASE**

ON THIS DATE \_\_\_\_\_ I GIVE MY PERMISSION TO EUTHANIZE  
THE ANIMAL NAMED \_\_\_\_\_. THE MEDICAL  
CONDITION OF THIS ANIMAL HAS BEEN EXPLAINED TO ME AS NON-  
RESPONSIVE TO TREATMENT OR BEING IN A TERMINAL STATE. I AM THE  
OWNER OR RESPONSIBLE AGENT FOR THIS ANIMAL.

\_\_\_\_\_  
Owner or Agent Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Witness