Section 1: This secti	on to be completed by the o	owner. If there is no own	er, skip to section 2:
Owner name			
Address			
Address			
Address Phone number			
Phone number		. ,	
Phone number I give my full and co	mplete permission for my y y animal's life will be ende		[animal's name] to be euthanas
Phone number I give my full and co			[animal's name] to be euthanas

Type:	• Dog	• Cat	• Other:	
Animal details: Animal name (if known):	е сотресеа ву спе Ег	ir		
Section 2: This section to b	ne completed by the EL	ID.		

Animal name (if known):					
Type:	• Dog	• Cat		• Other:	
Gender	• Male		• Fen	nale	• Unknown
Reproductive status	• Desexed		• Can breed		• Unknown
Breed:					'
Colour/Markings:					
Age:					

Reason for euthanasia:

•	Injury (please provide a description of the injury and any advice from the vet):				

•	Sickness (please provide a description of the sickness and any advice from the vet):					
•	Animal causing trouble:	• Biting • Other:	Killing livestock			
•	Surrendered/unwanted					
•	Unowned/feral					

Record details:

Date of euthanasia	Form completed by:	
Method of euthanasia	Date:	
Location of body disposal	Signature:	