

# DTHR Euthanasia Form / Policy

P.O. Box 250191 Montgomery, AL 36125-0191



## Policy

It is Dusty Trails Horse Rescue, Inc. / DTHR's policy that in the event of any equine owned by DTHR is in need of euthanasia, the Adopter or Foster Home has to contact a licensed Veterinarian and DTHR immediately. How the decision is to be reached is outlined in this form. **Bold Print to be filled in by Veterinarian.**

### Reasons for humane Euthanasia:

1. When equine can not move and Veterinarian thinks movement can not be restored.
2. When equine has a medical condition without possible cure and/or is experiencing significant pain without possible medical relief.
3. When DTHR is financially incapable to pay for medical treatment.
4. When equine is a threat to itself, other persons or animals.

### Order of Determination:

1. When equine sustains any life threatening / fatal injury i.e. broken limb(s), severe colic, the Foster Home / Adopter and attending Veterinarian may opt for euthanasia. This form has to be filled out by Veterinarian and Foster Home / Adopter and turned in to DTHR.
2. When injuries are not life threatening, Foster Home / Adopter will contact DTHR and the equine will be examined by DTHR and licensed Veterinarian determined by DTHR.

## Foster Home / Adopter Information (kept confidential)

Name	
Street Address	
City ST ZIP Code	
Home Phone	

## Equine Information

Name / ID			
Age		Sex	
Breed		Species	Horse / Pony / Mule / Donkey / Other
Color		Markings	
Height		Weight	
<b>Date of Euthanasia</b>		<b>Location</b>	
<b>Reasons for Euthanasia</b>	<hr/> <hr/>		
<b>Veterinarian Information</b>	Name: Address: Phone:		

### Our Policy

It is the policy of DTHR to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Warning

Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

By signing below, I certify that the information about the above named equine is correct.

\_\_\_\_\_  
Foster Home / Adopter Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**I believe it is in the best interest of the above named equine to be euthanized.**

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date