

Veterinarian Certificate

Dogs Name:	
Ear brand:	Microchip
Age:	Sex

Agent's Name:	
Address:	

Authority for Euthanasia

As owner/authorised agent of the animal described above I request/consent to euthanasia of this animal by a veterinarian at this clinic/track in accordance with the rules and regulations of the association.

Reason for Euthanasia

Please tick

- Injury
- Age
- At owners request
- Non-recoverable treatment
- Unsuitable for rehoming - GAP

Disposal of Body

Please tick

- Clinic to dispose
- Returned to owner
- Left on property

Clinic / Track _____

Date Euthanased _____

Vet _____ **Signature** _____

Witnessed by: _____ **Signature** _____

Notification of Death

I advise that the greyhound named above died on (date).....due to (brief description)

.....

Name.....**Signature**.....

This form meets all necessary GRNZ requirements of Rule 132 – Notification of death 