



Application for Euthanasia Assistance

Name: _____

Mailing Address: _____
Street or P.O. Box

City, Province Postal Code

Telephone: () _____ E-mail: _____

Name of veterinarian: _____

Contact information for above veterinarian (city and phone number): _____

Name of equine for euthanasia: _____

Sex, age and description of above equine: _____

Length of time this animal has been in my care: _____

Reason(s) for requested euthanasia: _____

I hereby grant permission for TRACS to contact my veterinarian regarding this application for euthanasia assistance (\$250.00) for the above-named equine. I understand that submission of this application does not guarantee approval for assistance; a decision will be made by TRACS based on information from veterinary records. I understand that further proof of financial need may also be requested by TRACS.

Signature of Applicant

Date

Please mail, fax, or e-mail this completed form to:

TRACS
P.O. Box 26097
West Kelowna, B.C.
V4T 2G3
Fax: (250)768-4803
E-mail: tracs@shaw.ca