

Colorado Department of Agriculture  
State Veterinarian's Office  
(303) 239-4161

PUBLIC LIVESTOCK MARKET EUTHANSIA RECORD

Date \_\_\_\_\_ Time \_\_\_\_\_

Market:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Owner/Agent:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Veterinarian:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Notification:

# of Attempts \_\_\_\_\_

Contact: Yes \_\_\_ No \_\_\_ Time \_\_\_\_\_

Owner Response \_\_\_\_\_

Phone \_\_\_ Fax \_\_\_ Personal \_\_\_\_\_

Animal:

Description – Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

ID \_\_\_\_\_ Brand \_\_\_\_\_ Color/Markings \_\_\_\_\_

Condition \_\_\_\_\_

Method of Euthanasia \_\_\_\_\_

Carcass Disposal \_\_\_\_\_

Responsibility: Owner \_\_\_\_\_ Transporter \_\_\_\_\_ Market \_\_\_\_\_

Euthanasia Approval Signature \_\_\_\_\_

Witnesses:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach Photos To Veterinarians Copy.