EUTHANASIA – CONTROLLED SUBSTANCE FORM

Georgia Department of Agriculture [Hereinafter "GDA"]

Please Print the Following Information:

Animal Shelter:		**License #**	
Supervising Veterinarian:		**D.E.A. Registration #**	
Euthanasia: Date:		**Controlled Substance Used:**	

CERTIFIED LAYPERSON(S) PERFORMING THE EUTHANASIA:

Signature:		**Print:**	
Signature:		**Print:**	
Signature:		**Print:**	
Signature:		**Print:**	

Animal Type	Animal I.D. #	Animal Weight	Method Used	CC Used	Witness Signature

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