



CONSENT TO PERFORM EUTHANASIA

Please fill in required fields as marked *

After filling in form email to:

info@avenelequinehospital.com.au

I _____ of _____

Being the owner/agent of the below named animal and a person over the age of eighteen years, hereby authorise Avenel Equine Hospital

and registered Veterinarian _____

to perform euthanasia the animal described below.

HORSE

* HORSE NAME OR DAM'S NAME AND HORSE'S YEAR OF BIRTH: _____

* BRANDS: _____

* BREED: _____

* COLOUR: _____

* AGE / DOB: _____

* MICROCHIP: _____

In consideration of the said Veterinary Surgeon providing the requisite treatment and arranging disposal of the body, I hereby agree to pay the prescribed fees, and further agree to indemnify him, his servants or agents, from loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

* NOTE: NO EUTHANASIA PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE

* SIGNED

* DATE

* WITNESS