

Dr Brianna Vandyke BVBio/BVSc (Hons)

Mon-Fri 8am-5pm (02)63 414 010

24/7 Emergency service

www.ptfequineclinic.com.au

office@ptfequineclinic.com.au

ABN: 22604684326



Euthanasia Consent Form

Owner:	Horse:
Address:	Age:
	Colour:
	Breed: Sex:
	Brands: (NS) (OS)
Telephone:	Microchip:
Mobile:	Distinguishing marks:

I _____ (owner/agent) being a person over the age of eighteen years (18), authorise a veterinary surgeon from Pepper Tree Farm Equine Clinic to euthanase the above described horse.

If an agent of the owner I confirm that I have the express authority of the owner to authorise the above procedure. As an authorised agent of the above owner my details are as follows:

Agent:	Address:
Telephone:	

I confirm that the horse **is / is not** (please circle) insured, and if so the insurance company has been notified of the procedure.

Insurance company <i>(if applicable)</i>	
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I confirm that a post-mortem examination **is / is not** (please circle) required.

I confirm that I **do / do not** require Pepper Tree Farm Equine Clinic to arrange appropriate burial.

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

Signed Owner/Agent: _____ **Date:** _____