CONSENT TO PERFORM EUTHANASIA

I ___________________________ of ___________________________

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