



## CONSENT TO PERFORM EUTHANASIA

Please fill in required fields as marked \*

After filling in form - print and fax to:

Scone Reception: +61 2 6544 3232

Surgery Direct: +61 2 6544 3233

ICU Clovelly Direct: +61 2 6545 1436

or email to: [consents@sconeequine.com.au](mailto:consents@sconeequine.com.au)

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

#### Scone Equine Hospital

106 Liverpool Street Scone NSW 2337

PO Box 280 Scone NSW 2337

T +61 2 6545 1333 | F +61 2 6545 2903

[info@sconeequine.com.au](mailto:info@sconeequine.com.au)

[www.sconeequinehospital.com.au](http://www.sconeequinehospital.com.au)

#### SEH Intensive Care Unit | Clovelly

St Aubins Street Scone NSW 2337

PO Box 280 Scone NSW 2337

T +61 2 6545 1433 | F +61 2 6545 1436

[icu@sconeequine.com.au](mailto:icu@sconeequine.com.au)

ABN 69 138 546 595

#### SEH Denman

26 Ogilvie Street Denman NSW 2328

PO Box 41 Denman NSW 2328

T +61 2 6547 2222 | F +61 2 6547 2887

[denman@sconeequine.com.au](mailto:denman@sconeequine.com.au)

**SCONE EQUINE GROUP**

**Veterinary Excellence**