



## CONSENT TO PERFORM EUTHANASIA

Please fill in required fields as marked \*

After filling in form - 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