



HAWKESBURY EQUINE VETERINARY CENTRE

Veterinary Surgeons in Equine & Alpaca Practice

A.B.N 31 737 600 787

226 Hawkesbury Valley Way, Clarendon 2756 • PO Box 14 Windsor NSW 2756

TEL (02) 4577 4611 • FAX (02) 4587 7279 • hevcb@bigpond.com • www.hevc.com.au

John Parbery BVSc

Anthony Drew BVSc (hons) MACVS

Cris Clark BVSc (hons) MRCVS

Doug Fountain BVMS (hons) MRCVS

Emily Streckfuss BVSc (hons)

Gary Lai BBus BVSc MRCVS

Kylie Hardwicke BVSc

Jennifer Lugton BVSc (hons)

Consent to Perform Euthanasia

I _____, Of (Address): _____

State: _____ Postcode: _____

Contact Number: _____

Being a person over the age of twenty one (18) years, hereby authorise Agnes Banks Equine Clinic, to euthanase the animal described below.

Animal's name: _____

Species: _____ Breed: _____ Colour: _____

Sex _____ Age _____ Distinguishing Marks _____

Declaration

I am the owner of the above-named patient.

I am authorized (agent) by the said owner to present the said patient for euthanasia as detailed above.

Owner's Details: Name: _____

Address: _____ State: _____

Postcode: _____ Contact Number: _____

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: _____ Name: _____ Date: _____

Witness: _____ Name: _____ Date: _____