

Consent to Perform Euthanasia

I _____, Of (Address): _____

State: _____ Postcode: _____ Contact Number: _____

Being a person over the age of twenty one (18) years, hereby authorize Hawkesbury Equine Veterinary Centre, 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.

The animal is to be (please tick):

Disposed of by Hawkesbury Equine veterinary Centre (see office staff for estimate of cost for disposal)

Sent for cremation (See office staff for estimate of costs for cremation)

Other: please specify: _____

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/her, his/her 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: _____