



OUR COMMUNITY, OUR ANIMALS
PROVIDING EXCELLENT AND TRUSTED CARE

EQUINE EUTHANASIA CONSENT FORM

Name: _____ Date of procedure: _____

Phone: _____ Mobile: _____

Email: _____

Address: _____

Horse Details:

Horse name (or breeding): _____

Breed: _____

Colour: _____ Age: _____ Sex: _____

Identifiers (brands/microchip): _____

Is the horse insured? Yes No Has the Insurance Company been notified? Yes No

Authorisation

I give consent to the euthanasia (which will result in death) of the animal detailed above, by the veterinarian

If presented by an Agent

I warrant that I am authorised to act on behalf of the owner, as agent or as a person with legal authority in respect of the above animal and indemnify the veterinary practice for any loss arising out of the above procedure.

Owner's name: _____

Phone: _____ Mobile: _____

Email: _____

Signed: _____ Date: _____

Witnessed by (VSHB): _____