

EUTHANASIA CONSENT FORM



Horse Name			
Breed		Age (DOB)	
Colour			
Brands/Microchip			
Owner Name			
Address			
Email			
Phone No(s)			

STATEMENT OF CONSENT

I am the owner of the above described horse and authorise a registered veterinarian at Samford Valley Veterinary Hospital to perform euthanasia.

I/WE understand the procedure my horse is undergoing, and that euthanasia is irreversible.
I/WE have discussed any concerns with the veterinarian responsible for the horse.

Disposal of body: please select an option below

- I wish to bury my animal on property by deep burial
- I wish to contact a humane animal removal and burial service

In consideration of the said Veterinary Surgeon providing the requisite treatment and arranging disposal of the body, I accept responsibility for full payment of the fees associated with this procedure, 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.

I	PLEASE PRINT NAME	CONSENT TO EUTHANASIA	
	SIGN HERE	DATE	DATE

I	PLEASE PRINT NAME	AM WITNESS TO THIS STATEMENT	
	SIGN HERE	DATE	DATE