

**EQUINE EUTHANASIA CONSENT FORM**

<b>Owner/ Trainer:</b>		<b>Phone:</b>	
<b>Mobile</b>		<b>E-Mail:</b>	
<b>Address:</b>			
<b>Horses Name:</b>		<b>Breed:</b>	
<b>Colour:</b>		<b>Age:</b>	
<b>Brands: Left:</b>		<b>Right:</b>	
<b>Microchip:</b>			

I \_\_\_\_\_ (Owner/Agent\*) authorise Sydney Equine Practice to euthanize the above described horse. As an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure. I confirm that the above named horse is/ is not\* currently insured. I confirm that the insurance company or its agent (insert name of insurance company or its agent) has been notified of the procedure.

I confirm that a post mortem and autopsy examination is/ is not\* required.

Approximate cost of post mortem without sample collection \_\_\_\_\_ Initials:

Approximate cost of post mortem with samples collected for histopathology, cytology, culture and sensitivity and / or other tests requested Relevant comments or clinical history:

I agree to pay all costs incurred in undertaking this procedure including disposal costs. (see below) \_\_\_\_\_ Initials:

Other tests discussed/requested: \_\_\_\_\_ Initials:

SIGNATURE OF OWNER / AGENT:

DATE:

NAME: