



ABN: 25 056 933 142
 Dr. Marcus Valmadre B.V.SC
 P.O. Box 325
 Somerville Vic 3192

EUTHANASIA CONSENT FORM

OWNER/AGENT:	HORSE'S NAME:
ADDRESS:	AGE:
	COLOUR:
	BREED: SEX:
	SIRE:
POSTCODE:	DAM:
TELEPHONE:	Microchip Number:
EMAIL:	Nearside Brand:
MOBILE:	Offside Brand:

I (insert name of **Owner/Agent***) authorise Peninsula Equine Veterinarians to euthanise the above named horse. If 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.

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

The horse has been euthanised for the following reasons:

.....

I undertake to pay all costs incurred in undertaking this procedure including disposal costs.

Date:

**by Submitting this form
 you understand & accept
 our terms and conditions**