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EUTHANASIA CONSENT FORM

Owner/Agent Name:	Horse's Name:
Address:	Age/Breed/Colour:
Mobile Ph:	Microchip Number:
Email:	Brands/Markings:

I _____ (Name of owner/agent*) authorise **McLaren Vale Equine Veterinary Services** to euthanase the above described animal for the reason of:

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. If insured, I confirm that the insurance company _____ (Name of insurance company*) has been notified of the intended procedure.

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

I confirm that I do/do not* require Leeuwin Equine Veterinary Hospital to arrange disposal.

Payment is required prior to the procedure and I undertake to pay all costs incurred for the euthanasia, and where requested, disposal of the above named horse.

Signature of Owner/Agent: _____ Date: _____