



CONSENT TO PERFORM EUTHANASIA

Please read, complete and sign before returning to info@noosaequinevet.com.au

NOTE: SIGNED CONSENT IS REQUIRED BEFORE EUTHANASIA WILL BE PERFORMED.

OWNER DETAILS

NAME		DATE	
RESIDENTIAL ADDRESS			
MOBILE NO.		EMAIL	
DRIVER'S LICENSE NO.		STATE OF ISSUE	

HORSE DETAILS

NAME		BREED	
DOB & AGE		SEX	
COLOUR		MICROCHIP NO.	

ACKNOWLEDGEMENT & CONSENT

I AUTHORISE NOOSA EQUINE VET TO EUTHANASE THE ABOVE-MENTIONED HORSE;
IF THE HORSE IS INSURED, I HAVE INFORMED AND GAINED CONSENT FORM THE ABOVE ANIMAL'S
INSURANCE POLICY PROVIDER TO PRESENT THE HORSE FOR EUTHANASIA AS DETAILED ABOVE, AND
I UNDERTAKE TO PAY ALL COSTS RELATED TO THIS PROCEDURE INCLUDING DISPOSAL COSTS.

Owner's Name

Representative's Name

SIGNATURE PLACE DATE