



**Equine Veterinary Surgeons**  
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**Euthanasia Consent Form**

I (Name) \_\_\_\_\_ of  
 (Address) \_\_\_\_\_  
 being a person over the age of 18 years, hereby authorize (Veterinarian Name)  
 \_\_\_\_\_ of Wyong Equine Clinic a registered Veterinarian to perform  
 Euthanasia on the horse described below:

Horse Name:	
Sire*: (If un-named)	Dam*: (If un-named)
Year of Birth:	Microchip:
Brands: NS	Brands: OS

**Declaration**

Please tick:

- I am the owner of the above-named horse.
- The owner of the above named horse is (Name) \_\_\_\_\_ of  
 (Address) \_\_\_\_\_  
 and I am authorized by the above owner to present the horse for euthanasia.

In consideration of Wyong Equine Clinic providing the requested treatment. I hereby agree to pay the associated costs, and I further agree to indemnify him/her, his/her, or agents, from any loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_