

## EQUINE EUTHANASIA CONSENT

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

I \_\_\_\_\_ (Owner/Agent\*) authorise Bay Equine 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 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. Other tests discussed/requested:

SIGNATURE OF OWNER / AGENT:

DATE:

NAME:

