



ADELAIDE PLAINS EQUINE CLINIC

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EUTHANASIA CONSENT FORM

Owner/Agent: _____

Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Horse's Name: _____

Age: _____ Breed: _____ Sex: _____

Microchip Number: _____

Sire: _____ Dam: _____

Nearside Brand: _____ Offside Brand: _____

I

(insert name of Owner / Agent)*

authorise the Adelaide Plains Equine Clinic to euthanize 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 has been notified.

(insert name of insurance company or its agent)

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

The horse has been euthanized for the following reasons:

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.....

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

Signature of Owner / Agent*: _____ **Date:** _____

**Please circle applicable option*