

Equine Hospital and **Breeding Centre**

PERFORMANCE WELLNESS EXCELLENCE

CONSENT TO PERFORM EUTHANASIA

I Of
being a person over the age of twenty- one years, hereby authorise Murray Veterinary Service (MVS), to euthanase the animal described below.
Animals Name:
Species: Equine Breed: Colour:
Sex: Age: Brands:
Distinguishing Marks:
Microchip Number :
DECLARATION
o I am the owner of the above – named patient.
o The owner of the above – named patient is:of
patient for euthanasia detailed above.
I the undersigned certify that I and the owner (or the duly authorised agent for the owner) of the animal described above, request, consent to and order the veterinary surgeon of MVS to euthanase the said animal. I release MVS and its servants form all and any loss or liability arising from the euthanasia. I understand that euthanasia is the act of ending the life of an animal in a painless way to prevent suffering.
In consideration of the Veterinary Surgeon providing the requisite treatment, I hereby agree to pay to MVS the prescribed fees. I agree to indemnify MVS and its servants or agents, from any cost, including legal costs on a full indemnity basis, any loss or liability which they may incur as a result of any inaccuracy, error or omission whether intended or otherwise in this my declaration or any claim including claims from third parties of whatsoever nature
(Signed) :
(Witness):
(Date):