



Tasmanian Equine
Veterinary Services

**Tasmanian Equine
Veterinary Services Pty Ltd**

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CONSENT TO PERFORM EUTHANASIA

Please fill in required fields as marked *

After filling in form email to: office@tasmanianequine.com.au

I _____ of _____ ,

Being a person over the age of eighteen years, hereby authorise Tasmanian Equine Veterinary Services and registered Veterinarian Dr Catherine Charlton to perform euthanasia on the animal described below.

*HORSE NAME: _____

*COLOUR: _____ *SEX: _____ *AGE / DOB: _____

*BREED: _____ *BRANDS: _____

*MICROCHIP: _____

*OWNERS NAME AND ADDRESS: _____

*PHONE: _____

*INSURANCE COMPANY NAME: _____

*PHONE: _____

DECLARATION

___ I am the owner of the above named patient

OR

___ The owner of the above named patient is _____ of _____
and I am authorised by said owner to present the patient for euthanasia.

If the animal is insured, I have informed and gained consent from the above animal's insurance policy provider to present it for euthanasia as detailed above.

In consideration of the present Veterinary surgeon providing this service, I hereby agree to pay the prescribed fees, and further agree to indemnify her, her servants 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) _____ *(DATE) _____

*(WITNESS) _____