



RACETRACK VETERINARY SERVICES

...leaders in the field

EUTHANASIA CONSENT FORM

OWNER/AGENT:	HORSE'S NAME:
ADDRESS	AGE:
	COLOUR:
	BREED: SEX:
	SIRE:
	DAM:
TELEPHONE:	Microchip Number:
FAX:	Nearside Brand:
MOBILE:	Offside Brand

I (insert name of **Owner/Agent***) authorise the (insert name of veterinary practice) to euthanise 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(insert name of insurance company or its agent) has been notified.

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

The horse has been euthanised 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 delete where not applicable*