



**GOULBURN VALLEY EQUINE HOSPITAL**

905 Goulburn Valley Highway  
 Congupna VIC 3633  
 Ph: (03) 5829 9566 Fax: (03) 5829 9307  
 Email: info@gvequine.com.au

***Euthanasia Consent Form***

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

I, .....(insert name of owner/agent\*) authorise Goulburn Valley Equine Hospital 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 euthanasia. 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 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:

.....  
 .....

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

Signature of Owner / Agent\* .....

Date.....

\*Please delete where not applicable.