



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

Horse Details

Name			
Age		Sex	
Colour		Breed	
Sire		Dam	
Nearside Brand		Offside Brand	
Microchip Number			
Reason for Euthanasia			

Owner Name	
Agent (if applicable)	
Address	
Mobile	

Is the horse insured? Insured (Details) _____ Not insured

Has the insurance company been notified? Yes No

Is a post mortem examination required? Yes No

I, (owner/agent*) authorise Goulburn Valley Equine Hospital to euthanise the above named horse and agree to pay all associated costs.

As the agent I confirm that I have the express authority from the owner to authorise euthanasia.

Signature of Owner / Agent*

Date.....