



PERFORM EUTHANASIA CONSENT FORM

After completing form please email to: office@mcgregorequine.com.au

Horse Name: _____

Age: _____ Breed: _____ Sex: _____ Colour: _____

Microchip Number: _____ Brands: _____ nsh _____ osh _____

Insured: Y / N Insurance Company Contact: _____

Owner/Agent: _____

Address: _____

Email: _____

Phone: _____

I _____, being the owner/agent of the above named animal hereby authorise McGregor Equine Veterinary Services to perform EUTHANASIA on the animal described above. I confirm that above described animal **IS / IS NOT** currently insured.

I confirm that the insurance company or its agent have been notified of this procedure and that I have the insurance company's permission to perform the above procedure.

This procedure will be performed via an injection of anaesthetic solution. I agree to pay all costs associated with the disposal after the procedure.

I/We agree to pay the prescribed veterinary fees for this procedure.

Signed: Date:

Witness: Date: