



Tweedie & Associates
EQUINE VETERINARY SERVICES

Tweedie & Associates
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CONSENT FOR EUTHANASIA

Owner/Agent:	Horse:
Address:	Age:
	Colour:
	Breed:
	Sire:
	Dam:
Telephone/Mobile:	Microchip Number:
Fax:	Nearside Brand:
Email:	Off Side Brand:

I.....(OWNER/AGENT) hereby give permission for a veterinary surgeon from Tweedie & Associates Equine Veterinary Services to euthanize the above named horse. I state that I have permission from the owner of this horse to perform the above procedure. I consent for this procedure to be carried out using an injection of anaesthetic solution. I undertake to pay all costs associated with the disposal of the animal after the procedure. I confirm that the insurance company has been made aware of this procedure and that I have permission from the insurance company for this animal to be euthanized.

If this horse is being euthanized as part of an insurance claim please provide the reasons for euthanasia below:

Is a post mortem report required for insurance purposes? YES / NO

SIGNATURE: OWNER/ AGENT

DATE:

