



Tweedie & Associates
EQUINE VETERINARY SERVICES

Tweedie & Associates
Equine Veterinary Services Pty Ltd
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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 perform euthanasia of the above named horse. I state that I have the permission of the owner of this horse to perform the above procedure. This procedure will be performed via injection of anaesthetic solution. I undertake to pay all costs associated with the disposal after the procedure. I confirm that the insurance company has been made aware of this procedure occurring and has the permission of the insurance company for this to be performed.

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: