



AGNES BANKS EQUINE CLINIC

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24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District



Consent to Perform Euthanasia

I _____, Of (Address): _____
_____ State: _____ Postcode: _____ Contact Number: _____

Being a person over the age of twenty one (21) years, hereby authorise Agnes Banks Equine Clinic, to euthanase the animal described below.

Animal's name: _____

Species: EQUINE Breed: _____ Colour: _____

Sex _____ Age _____ Distinguishing Marks _____

Declaration

➤ I am the owner of the above-named patient.

➤ The owner of the above-named patient is (Owners Name) _____

Of (Owners Address): _____

_____ State: _____ Postcode: _____ Contact Number: _____

And I am authorized (agent) by the said owner to present the said patient for euthanasia as detailed above.

Agents Details: I _____ of (Address): _____

_____ State: _____ Postcode: _____ Contact Number: _____

In consideration of the said Veterinary Surgeon providing the requisite treatment, I hereby agree to pay to him the prescribed fees and I further agree to indemnify him, his servants or agents, from any loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

Signed: _____ Name: _____ Date: _____

Witness: _____ Name: _____ Date: _____

➤ Cross out which does not apply.