



# AGNES BANKS EQUINE CLINIC

ABN 56 145 333 446

Servicing the Hawkesbury / Nepean District 24 HOUR EMERGENCY SERVICE

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## 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: .....