



Dr Madalen Baltussen  
BSc BVMS MANZCVS

106 Macquarie St  
Merewether NSW 2291

Ph/Fax: 02 49632692  
Mobile: 0417880517 / 0407446186  
Email: info@hunterequinevet.com.au  
ABN: 31 169 559 737

## CONSENT TO PERFORM EUTHANASIA

*please fill in required fields as marked\**

I \_\_\_\_\_ of \_\_\_\_\_

Being the owner/agent of the below named animal and a person over the age of eighteen years,  
hereby authorise Hunter Equine Vet and registered Veterinarian \_\_\_\_\_  
\_\_\_\_\_ to euthanise the animal described below.

### HORSE

**\*HORSE NAME/DAM'S NAME AND HORSES YEAR OF BIRTH:**

**\*BRANDS:**

**\*BREED:**

**\*COLOUR:**

**\*AGE / DOB:**

**\*MICROCHIP:**

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

**\*SIGNED:**

**\*DATE**

**\*WITNESS:**