



Euthanasia Consent Form

Trainer:

Horse name:

Owner/Agent:

Breed:

Address:

Colour:

Sex:

Age:

Brands:

Phone:

Microchip:

Mobile:

Insurance Co:

I _____ as owner/agent (delete as applicable) authorise Ascot Equine Veterinarians to euthanase the above-mentioned horse.

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the euthanasia of the above-mentioned horse.

*I confirm that the above described horse **is / is not** currently insured (delete as applicable). I confirm that the insurance company or its agent _____ (insert company/agent name) has been notified of this procedure.

I confirm that a post mortem examination **is / is not** (delete as applicable) required.

I undertake to pay all costs incurred in undertaking this procedure including disposal costs.

Signed owner/agent: _____

Date: _____

Print Name: _____