



EUTHANASIA AUTHORISATION

Owner Name: _____

Authorised Representative: _____

Horse Name: _____ Stable: _____

Microchip No: _____ Passport No. _____

- I hereby request and authorise the performance of humane euthanasia for the above-mentioned patient.
- I understand and agree that in the event of euthanasia due to medical reasons, I am still responsible for all charges incurred.

I am fully authorised to approve this procedure.

Owner Signature

Date