



Dr. Philippa Wallace

92 Fishermans Road, West Coolup WA All correspondence to: PO Box 509, Pinjarra, WA 6208 Phone: (08) 9530 3751 | Email: murray.vets@bigpond.com

AUSTRALIAN VETERINARY ASSOCIATION CONSENT TO PERFORM EUTHANASIA

I	Of	being a
	one years, hereby authorise Murray Veterina	
Name:		
Species: Equine Breed:	Colour:	
Sex: Age: Bra	ands:	
Distinguishing Marks:		
DECLARATION o I am the owner of the above	– named patient.	
	med patient is:	of
patient for euthanasia detailed a	, and I am authorised by the said ow above.	ner to present the said
animal described above, request the said animal. I release MVS ar	and the owner (or the duly authorised agent t, consent to and order the veterinary surge and its servants form all and any loss or liabili athanasia is the act of ending the life of an a	on of MVS to euthanase ity arising from the
In consideration of the Veterinal to MVS the prescribed fees. I ag including legal costs on a full ind	ry Surgeon providing the requisite treatmentree to indemnify MVS and its servants or ago demnity basis, any loss or liability which they n whether intended or otherwise in this my es of whatsoever nature	ents, from any cost, may incur as a result of
(Signed) :		
(Witness):		
(Date) :		