



ILLAWARRA EQUINE CENTRE

www.iecvet.com.au

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24 HOUR EMERGENCY SERVICE
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EUTHANASIA (fax to - 44 486 364)

OWNER/AGENT	HORSE	
ADDRESS:	AGE:	COLOUR:
	BREED:	
	SIRE:	
	DAM:	
	MICROCHIP:	
TELEPHONE:	BRANDS	
	NSS:	
EMAIL:	OSS:	
FAX:		

I (OWNER/AGENT) HEREBY GIVE PERMISSION FOR THE ABOVE-MENTIONED HORSE TO BE EUTHANISED.

I CONFIRM THAT THE INSURANCE COMPANY HAS BEEN NOTIFIED AND THE APPROPRIATE AUTHORITY GIVEN.

I SHALL SETTLE ALL CHARGES INCURRED, INCLUDING THOSE ASSOCIATED WITH BURIAL. I ACKNOWLEDGE THAT UNLESS I HAVE AN EXISTING ESTABLISHED CREDIT ACCOUNT I WILL PAY THE FINAL ACCOUNT ON COMPLETION OF EUTHANASIA.

SIGNED:.....DATED:.....
(OWNER/AGENT)