



# AGNES BANKS EQUINE CLINIC PTY. LTD.

5 PRICE LANE  
AGNES BANKS NSW. 2753  
Serving the Hawkesbury/ Nepean District

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## AUSTRALIAN VETERINARY ASSOCIATION

### CONSENT TO PERFORM EUTHANASIA

I ..... Of ..... being a person over the age  
of twenty- one years, hereby authorise Agnes Banks Equine Clinic, to euthanase the animal described below.

Name: .....

Species: Equine      Breed: .....      Colour: .....

Sex: ..... Age:..... Name: .....

Distinguishing Marks: .....

### DECLARATION

- I am the owner of the above – named patient.
- The owner of the above – named patient is: .....of  
....., and I am authorised by the said owner to present the said patient  
for euthanasia detailed above.

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

(Signed) :.....

(Witness) : .....

(Date) : .....

- Cross out which does not apply.