HORIZON EQUINE Veterinary Clinic

1625 Angus Campbell Road
Abbotsford BC V3G 2G4
604-826-5089
care@horizonequine.ca

END-OF-LIFE CARE

Authorization for Euthanasia

DETAILS

Client name

Veterinarian

Horse name

AUTHORIZATION

I, the undersigned, am the owner (or duly authorized agent for the owner) of the horse named above. I consent to and request euthanasia (humane death) to be performed on this horse, releasing Horizon Equine Veterinary Clinic Ltd. and its staff from any and all liability for performing the euthanasia.

Owner or representative name

Owner or representative signature

Sign or draw here

Date

Received by (staff)

Date