

EUTHANASIA CONSENT FORM

CJ Reardon BVSc(Hons) BSc(Hons) MANZCVS GAICD & Associates

Client Details	Name:		
	Address:	P/Code:	State:
	Phone Number:		

Patient Details	Name:		
	Breed:		
	Colour:		
	Age:		
	Sex:		
	Microchip Number:		
	Brands (horse):		

DECLARATION

I _____ of the above address being over the age of eighteen (18) years hereby give my consent for euthanasia by a registered veterinary surgery on the animal whose details appear above. Disposal arrangements have been discussed.

Signed: _____

This _____ day of _____, 20_____.

warwickvet.com.au

WARWICK VETERINARY CLINIC
 4 Albert Street, Warwick, QLD 4370
P 07 4661 1105 AH 0408 716 305
E admin@warwickvet.com.au
Open Mon – Fri: 8:30 am to 5:00 pm
 Sat: 8:30 am to 12:00 pm

ALLORA VETERINARY CLINIC
 60 Herbert Street, Allora, QLD 4362
P 07 4666 3127 AH 0408 716 305
E admin@warwickvet.com.au
Open Mon – Fri: 8:30 am to 5:00 pm
 Sat: 8:30 am to 10:30 am

CLIFTON VETERINARY ROOMS
 62 Clark Street, Clifton, QLD 4361
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E admin@warwickvet.com.au
Open Wednesday and Friday:
 10:00 am to 4:00 pm