



604.826.5089
24/7 Emergency Care
care@horizonequine.ca

AUTHORIZATION TO PERFORM EUTHANASIA

Client Name: _____

Veterinarian: _____

Horse Name: _____

I, the undersigned, am the owner (or duly authorized agent for the owner) of _____.

I hereby consent to and order euthanasia (humane death) to be performed on this animal, forever releasing Horizon Equine Veterinary Clinic Ltd., and its staff from any and all liability for performing said euthanasia.

Date: _____

Owner or
Representative Signature: _____

Received By: _____