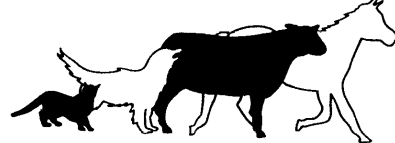


BOMADERRY VETERINARY HOSPITAL Pty Ltd



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CONSENT FOR EUTHANASIA / DISPOSAL

This form records your request to have your pet humanely destroyed (euthanased) by a registered veterinarian and proper disposal of the body. This is a difficult decision and you should discuss this matter with the veterinarian and feel that this is the right thing to do before completing this form.

PET'S NAME: _____ SPECIES: _____
BREED: _____ SEX: _____
AGE: _____ COLOUR: _____
MICROCHIP No. : _____

OWNER NAME: _____
ADDRESS: _____

POSTCODE: _____ PHONE: _____

My request is for: _____ (Strike out that which does not apply.)

- **Euthanasia**
 - I will take the body today **or**
 - I will collect the body by __/__/__
- **Euthanasia & Disposal**
 - The Veterinary Hospital is to dispose of the body in its routine manner.
 - The Veterinary Hospital is to hold the body for pick up by a private burial / cremation service. This is to be arrange by the owner / hospital.
 - If the body is not picked up 1 week from the above date or if alternative arrangements are not made, I give the Hospital permission to dispose of the body in its routine manner.

I DECLARE:

- that I am over 18 years of age.
- that I am the owner of this pet **OR** that I am authorised by the owner to sign this form, that I recognise that there will be a fee for this professional procedure, which I have discussed with the veterinary surgeon. I have been advised that the fee will be between _____ and _____. I will pay all fees owing at this time unless alternative arrangements have been made with the veterinarian.
- that I hereby release, discharge and indemnify the Veterinarian and the Veterinary Hospital and any person or corporation associated with the Veterinarian and the Veterinary Hospital from all actions, suits, demands, claims, causes of action and costs of every description which I, being the owner of this pet or person authorised by the owner, may have had or could, would or might at any time hereafter have against the Veterinarian and the Veterinary Hospital or any person or corporation associated with the Veterinarian and the Veterinary Hospital in respect of or arising directly or indirectly out of the euthanasia/disposal.
- that I have read and understood this form.
- that I authorise the Hospital to notify the NSW DLG that my pet has deceased.

SIGNED: _____ PRINT NAME: _____
WITNESS: _____ PRINT NAME: _____
DATE: _____ VET CONSULTED: _____

This veterinarian is a member of the Australian Veterinary Association and is committed to the professional standards set by that Association as defined by the Code of Ethics