



MEDDLETON EQUINE

PERFORMANCE HORSE MEDICINE & SURGERY

Euthanasia Consent Form

Owners Name _____

Address _____

City _____ State _____ Zip _____

Patient Name _____ Breed _____ Age _____ Sex _____

I, the undersigned, certify that I am the owner of the horse described above or that I otherwise have complete authority to execute this consent.

By my signature below, I hereby authorize Meddleton Equine, Inc. (Mark Meddleton, DVM and/or any Veterinarian employed by Meddleton Equine, Inc.) to euthanize the horse described above. I understand that this procedure will cause the death of such horse and is irreversible.

I acknowledge that I have been fully advised of all options known to Meddleton Equine, Inc. regarding the prognosis and treatment of this horse and that I have decided to elect euthanasia. I fully understand that other veterinarians might evaluate or treat the situation differently but I deem Meddleton Equine, Inc.'s advice and evaluation to be complete for purposes of my decision. I further understand that if I choose to watch the procedure that I may find it disturbing. I understand that the horse may exhibit a traumatic response to the process. I completely release and agree to indemnify and hold harmless Meddleton Equine, Inc. from all claims relating to my choice to euthanize this horse and the manner in which such procedure is performed, including without limitations any claims brought by any other person or entity claiming an interest in the horse or in my consent to euthanasia.

I have read this consent, I understand it and have had the opportunity to seek any additional advice regarding alternative treatment for the horse and regarding the provisions of this consent form.

Signature of Owner or Agent for Owner

Date

Printed Name