



**VICTORIAN  
DIVISION**

Suite 113, 832 High Street, East Kew, Vic., 3102  
T 03 9600 2930 E avavic@ava.com.au

# CONSENT TO PERFORM ANIMAL EUTHANASIA DECLARATION

I, \_\_\_\_\_

hereby declare that:

**1\*** I am the person specified in Item 1 of the Schedule as the Owner and I am the owner of the animal specified in Item 2 of the Schedule.

OR

**1\*** I am the person specified in Item 3 of the Schedule as the Agent and I am authorized by the Owner to present the animal specified in Item 2 of the schedule for euthanasia.

**2\*** I have authorised the registered veterinary practitioner specified in Item 4 of the Schedule to perform euthanasia on the animal specified in Item 2 of the Schedule.

**3\*** The registered veterinary practitioner has informed me of the reasons for and the consequences of performing euthanasia on the animal specified in Item 2 of the Schedule.

**4\*** I have authorised the registered veterinary practitioner as specified in Item 4 of the Schedule to arrange cremation/disposal of the animal as specified in Item 2 of the Schedule following euthanasia.

OR

**4\*** I agree to take the animal specified in Item 2 of the Schedule home for burial following euthanasia.

**5** I agree to pay all fees of the registered veterinary practitioner to perform euthanasia including cremation/disposal of the animal specified in Item 2 of the Schedule and I agree to indemnify the registered veterinary practitioner, their employees and agents from and against any loss or liability that they may incur as a result of any inaccuracy in this my declaration

**I ACKNOWLEDGE that this declaration is true and correct:**

**DECLARED AT** \_\_\_\_\_ **THIS** \_\_\_\_\_ **DAY OF**

**(month)** \_\_\_\_\_ **in the year** \_\_\_\_\_

**SIGNATURE OF OWNER/\*AGENT:** \_\_\_\_\_

**SIGNATURE OF ADULT WITNESS\*\*:** \_\_\_\_\_

\*\* Any adult witness but preferably not the veterinary practitioner or the companion of the person declaring - a veterinary nurse would be appropriate.

**PRINT NAME AND ADDRESS OF ADULT WITNESS:**

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

... see SCHEDULE over page

## SCHEDULE

ITEM 1 THE OWNER

NAME	
ADDRESS	
TELEPHONE	
IDENTIFICATION	

ITEM 2 THE ANIMAL

ANIMAL'S NAME		
SPECIES		
BREED/COLOUR		
AGE/SEX		

ITEM 3 THE AGENT

NAME	
ADDRESS	
TELEPHONE	
IDENTIFICATION	

ITEM 4 THE REGISTERED VETERINARY PRACTITIONER

NAME	
PRACTICE NAME	
ADDRESS	
TELEPHONE	