

Form EC2 CONSENT FOR EQUINE EUTHANASIA

To be completed by the Responsible member (or their authorised nominee) for the horse.

			Event Date	
Но	orse's Name		AERA Logbook No.	
I_	Print name of Responsible member or	decla	are as follows;	
veterina	e Responsible member (or their authorised no ary treatment deemed necessary by the treati ise the horse named above.	ominee) as declared on the ride En		
require	wledge the Rules of the AERA Inc., which recoment for a necropsy shall depend upon the citating Veterinarians. In particular, the risk of zone.	rcumstances of the horse death an		
3. I ackno	I acknowledge that I shall be responsible for the cost of the veterinary treatment, euthanasia and disposal of the horse.			
by the A	wledge that where it is deemed appropriate a AERA Inc. The AERA <u>may</u> seek recovery of the nsible member) with a copy of the necropsy re	ne costs from the responsible mem		
Responsible	e members signature	Date	Time	
Witnesses t	o the Responsible member's signature:			
	Print Name	Signature		
Treatment \	/et:			
Chief Stewa	ard:			