Form EC2
CONSENT FOR EQUINE EUTHANASIA

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

Event Name	**Event Date**
Horse's Name	**AERA Logbook No.**

I _____ declare as follows;
Print name of Responsible member or their authorised nominee

1. I am the Responsible member (or their authorised nominee) as declared on the ride Entry form and have authority to approve any veterinary treatment deemed necessary by the treating veterinarian(s) and accordingly authorise the treating veterinarian(s) to euthanise the horse named above.

2. I acknowledge the Rules of the AERA Inc., which requires that a necropsy be conducted in the event of a horse death. The requirement for a necropsy shall depend upon the circumstances of the horse death and will be subject to a Risk Assessment by the Treating Veterinarians. In particular, the risk of zoonotic diseases will be assessed.

3. I acknowledge that I shall be responsible for the cost of the veterinary treatment, euthanasia and disposal of the horse.

4. I acknowledge that where it is deemed appropriate and safe for a necropsy to be performed, the cost of the necropsy shall be paid by the AERA Inc. The AERA may seek recovery of the costs from the responsible member. The AERA shall provide me (the Responsible member) with a copy of the necropsy report.

_____

Responsible members signature Date Time

Witnesses to the Responsible member's signature:

	Print Name	Signature
Treatment Vet:	_____	_____
Chief Steward:	_____	_____

DRAFT