



**Australian
Endurance
Riders Association Inc**

**AERA
22**

RIDER BIB NO:

EQUINE CATASTROPHE - CONSENT FOR EQUINE EUTHANASIA

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

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

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

1. I am the Person Responsible (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 Person Responsible) with a copy of the necropsy report.

Person Responsible's signature Date Time

Witnesses to the Person Responsible's signature:

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