

END OF LIFE PLAN



In most situations you should have the choice of how your horse is put to sleep. However, this may not be possible in an emergency. Use this form to make a plan for what you would like to happen in the event your horse or pony needs to be put to sleep. You can share this information with your vet, yard manager or other key people.

OWNER'S DETAILS

Name:				Address:			
Telephone (landline):							
Telephone (mobile):							
Is the horse on loan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
If yes, who from?	Name:			Telephone:			

EMERGENCY CONTACT DETAILS - IF OWNER IS UNAVAILABLE

Name:				Emergency contact address:			
Emergency contact telephone (landline):							
Emergency contact telephone (mobile):							
Relationship to owner (e.g. spouse, friend, vet, yard owner):							
Have you spoken to them about the end-of-life plan?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

VET'S DETAILS

Name:	Telephone:	Practice Name:
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HORSE INFORMATION

Horse name:	Passport number:
Passport issuing organisation (PIO):	Microchip number:
PIO telephone:	Freeze mark:
Insurance company name:	Insurance company telephone:
Insurance policy number:	

YOUR PLAN

When making your plan it might be helpful to read our guide to euthanasia. Thinking about the end of your horse or pony's life is incredibly difficult but making a plan in advance can help reduce suffering.

PREFERRED METHOD OF EUTHANASIA

✓	Please tick the preferred option	
	Injection	Cost:
	Bullet (by vet)	Cost:
	Bullet (by other licensed professional)	Cost:

INTENDED PROVIDER

Name:	Address:		
Daytime telephone:			
Emergency telephone:			
Is out of hours cover available?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

COLLECTION AND DISPOSAL OF REMAINS

✓	Please tick the preferred option			
	Collection by licensed individual (e.g. crematorium staff, etc)		Cost:	
	Burial on own land (permission from Local Authority required)		Cost:	
	Communal cremation (no ashes returned)	Cost:	Communal cremation (token ashes returned)	Cost:
	Individual cremation (all ashes returned)	Cost:	Other	Cost:

INTENDED PROVIDER

Name:	Address:		
Daytime telephone:			
Emergency telephone:			
Is out of hours cover available?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Where would you like euthanasia to take place, if there is a choice?			
Would you like to be there if possible?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do any other horses need to be there? (Are there strong pair bonds to consider?)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>



For more welfare advice please visit...
mareandfoal.org/horse-advice
 or scan the QR code

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