

**RACECOURSE GUIDANCE DOCUMENTS**

**ELECTIVE EUTHANASIA**

Trainers and owners are increasingly requesting the destruction of horses at the racecourse which have sustained a racing injury which does not conform to humane destruction under BEVA guidelines. This is termed ELECTIVE EUTHANASIA.

Elective Euthanasia must only be performed if rigorous protocol is followed:-

1. Owner/Trainer or his representative signs a relevant form requesting euthanasia and agreeing to both the cost of euthanasia and carcass disposal.
2. Owner/Trainer or his representative understands and accepts that such actions are likely to negate any future insurance claims.
3. Euthanasia is performed after racing has been completed.
4. Euthanasia is performed by a racecourse veterinary surgeon and the carcass removed immediately by the racecourse recovery vehicle.

Horses subjected to Elective Euthanasia are **NOT** entered onto the BHA data base as racecourse casualties, although the injury sustained will be recorded. The BHA VO must be advised of all Elective Euthanasia cases.

Elective Euthanasia is undertaken at the racecourse to ensure a high degree of welfare is maintained. It is deemed preferable to euthanase a horse quietly after racing avoiding the unnecessary stress of loading, transport and unloading an injured horse for euthanasia in the near future as this could represent a breach of the Welfare in Transport Regulations.

Racecourses should be applauded for their proactive approach to this difficult situation and their dedication to horse welfare.

A consent form which should be used in the event of a request for elective euthanasia is attached at **Annex A**.

**CONSENT FOR ELECTIVE EUTHANASIA**

**Racecourse** (Name and Time)

**Date**

**Race** (Name and Time)

**Trainer/Representative**

**Address**

**HORSE**

**Name**.....

**Microchip Number**.....

**Identification**.....

.....

**Clinical Details**.....

.....

.....

I confirm that I am the owner/trainer/representative of/ authorized person for.....  
(horse)..... and request euthanasia due to .....(injury)

I accept that I have been advised that this euthanasia does not meet the criteria in the BEVA  
Guidelines for destruction of horses under all risks mortality insurance.

I have been advised of and accept responsibility for all costs of this euthanasia and subsequent disposal  
of the horse.

**Signature**.....

**Name**.....

**Position**.....

**Date and Time**.....

**Veterinary Surgeon Signature**.....

**Name**.....