

VETERINARY ASSOCIATES EQUINE AND FARM
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WAIVER OF INFORMATION - TO BE SIGNED BY VENDOR(S)

**Waiver by owner(s)/owners duly authorised agent
in respect of confidential information:**

I _____ (owner/owner's duly authorised agent)

agree that Veterinary Associates Equine and Farm of 12 Sim Karaka, Auckland New Zealand

("the practice") is authorised to obtain and disclose the complete medical and/or treatment history of

_____ [name of horse] ("the horse") held or otherwise

known by the practice to: _____ (name of potential purchaser).

I am aware I am waiving my right to confidentiality and privacy in terms of clause 6.1 of the Veterinary Code of Conduct (or equivalent in subsequent codes) and/or contract and/or common law and that the practice has no control over or responsibility for how that information is used or disclosed once disclosure has been made. I am aware that the practice is, in this isolated instance, acting on behalf of the potential purchaser of the horse and that the practice will be examining the horse at the potential purchaser's request. Any information obtained or revealed during this examination is confidential to the potential purchaser and will not be disclosed to me without the potential purchaser's consent, which may or may not be obtained, at the sole discretion of the potential purchaser.

I will not hold the practice or its employees, directors or agents liable in any way in respect of the potential purchaser's decision to purchase or not to purchase the horse.

Signed by _____ (signature)

Name: _____ (print)

On _____ (date) at _____ (place)