



veterinary
ASSOCIATES EQUINE

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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/ owners authorised agent)
agree that Veterinary Associates Equine LP is authorised to obtain and disclose the
complete medical and/or treatment history of

..... (name of 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)

Date.....