

DEDICATED TO EXCELLENCE IN EQUINE PERFORMANCE

WAIVER OF INFORMATION- TO BE SIGNED BY VENDOR

Waiver by owner(s)/owners duly authorized agent in respect of confidential information.

I	(owner/owners duly authorized agent),
agree that Waikato Equine Veterinary Centre ("the pr	actice") is authorized to obtain and disclose the
complete medical and/or treatment history of	(name of horse)
("the horse") held by Waikato Equine Veterinary Cent	re whilst under the current ownership
to:	(Name of potential purchaser)
I am aware I am waiving my right to confidentiality an	d privacy in terms of clause 6.1 of the Veterinary
Code of Conduct (Or equivalent in subsequent codes) practice has no control over or responsibility for how	
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 the practice will be examining the horse at the potential purchaser's request. Any information obtained or revealed during the 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 purchase the horse.

Signed by:	(Signature)
Name:	(Please print)

On	(date) at

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