



WAIKATO  
EQUINE  
VETERINARY  
CENTRE

DEDICATED TO EXCELLENCE  
IN EQUINE PERFORMANCE

## 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 authorized agent)  
agree that Waikato Equine Veterinary Centre ("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)