

CASTRATION CONSENT FORM

OWNER/AGENT:	HORSE'S NAME:
ADDRESS:	AGE:
	COLOUR:
	BREED:
	SIRE:
	DAM:
TELEPHONE:	Microchip Number:
FAX:	Nearside Brand:
MOBILE:	Offside Brand:

I (insert name of owner/agent) authorise the (insert name of veterinary practice) to administer a sedative and local anaesthetic or general anaesthetic and for above described horse to be gelded. If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.*

*I confirm that the above named horse **is/ is not*** currently insured. I confirm that the insurance company or its agent(insert name of insurance company or its agent) has been notified of the procedure.*

I acknowledge that no surgical or anaesthetic procedure is without some risk to the animal. I accept all potential surgical and anaesthetic risks including any complications that may develop as a result of this procedure and accept that such complications may incur additional fees. I acknowledge that I have been made aware of the common potential complications of this procedure. I acknowledge that post-operative care may be required and will be undertaken as deemed necessary by the attending veterinarian.

I undertake to pay all costs of treatment incurred in undertaking this procedure including those costs associated with livery.

Signature of Owner/Agent

Date:

** Please delete where not applicable*