

**CONSENT TO TREATMENT FORM**

<b>OWNER/AGENT:</b>	<b>HORSE'S NAME:</b>
<b>ADDRESS:</b>	<b>AGE:</b>
	<b>COLOUR:</b>
	<b>BREED:</b> <span style="float:right"><b>SEX:</b></span>
	<b>SIRE:</b>
	<b>DAM:</b>
<b>TELEPHONE:</b>	<b>Microchip Number:</b>
<b>FAX:</b>	<b>Nearside Brand:</b>
<b>MOBILE:</b>	<b>Offside Brand:</b>

*I ..... (insert name of **owner/agent\***)  
authorise the ..... (insert name of  
veterinary practice) to carry out the following procedure/treatment on the above described  
horse.*

.....  
.....  
.....  
.....

*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 veterinary practice has advised me of the possible risks and  
complications of this procedure/treatment.*

*I acknowledge that I have read the above and understood the nature and consequences of  
the procedure/treatment. I understand that the treatment/procedure may involve some risk  
and I give my consent for the treatment/procedure to be performed.*

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

**Signature of Owner/Agent** .....

**Date:** .....

*\* Please delete where not applicable*