

Equine Surgery Consent Form

Owner Name _____

Owner Address _____

Authorised Agent Name/Address _____

Name _____ Sire _____ Dam _____

Brand _____ n/s _____ o/s _____ Sex _____ Age _____

Microchip No. _____ Breed _____ Colour _____

*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 _____ Date _____

Procedure _____ Date _____ Surgeon/Clinician _____

Induction Time _____ End Time _____ Total Time _____

Physical Status _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

HR/min _____ RR/min _____ MM Colour _____ CRT _____ BT °C _____

Pre-Anaesthetic and Induction Medication

Drug	Volume (ml)	Total (mg)	Time	Route

Recovery _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Comments _____