

### CASTRATION CONSENT FORM

<b>Owner/Agent:</b>	<b>Horse's Name:</b>
<b>Address:</b>	<b>Age:</b>
	<b>Colour:</b>
	<b>Breed:</b>
<b>Phone:</b>	<b>Sire:</b>
<b>Fax:</b>	<b>Dam:</b>
<b>Email:</b>	<b>Microchip Number:</b>
<b>Offside Brand:</b>	<b>Nearside Brand:</b>

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

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