

## PROCEDURE CONSENT FORM

Owner/Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- I am the owner.  
 I am the agent of the owner. I confirm that I have the authority of the owner to make decisions on their behalf.

Animal Name: \_\_\_\_\_

Species: Equine

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Colour: \_\_\_\_\_

Brands: \_\_\_\_\_

Microchip#: \_\_\_\_\_

Treatment options discussed (consented/declined):

I acknowledge that no surgical procedure is without risk to the animal. I accept all potential surgical and anaesthetic risks including any complications or consequences that may develop or occur as a result of this procedure. Some of the common problems associated with surgical procedures include but are not limited to post-surgical bleeding and infection, anaesthetic injury or death.

I acknowledge that I have been made aware of these risks and that I understand them. I acknowledge that post-operative care may be required and will be undertaken as deemed necessary by the attending veterinary surgeon.

I agree to pay all costs associated with this procedure including those associated with livery. If there is no history of a tetanus vaccine administration in the previous 6 months, then I authorise this to be given at the time of any surgical procedure at an additional cost.

Signature Owner/Agent: \_\_\_\_\_

Date: \_\_\_\_\_