



Equine Veterinary Surgeons
Dr Brett Jones BVSc
Dr Rob Caska BVSc (Hon 1) MANZCVS (Equ Med)
Dr Shelley Topham BVSc
Dr Ana Gonzalez DVM
Dr Mollie Crossley DVM

ABN: 78 109 480 515
 Postal: **PO Box 520, Wyong NSW 2259**
 Address: **30 Collies Lane, Mardi NSW 2259**
 Email: **office@wyongequineclinic.com.au**
 Office and Account Enquiries: **02 4353 5929**
 Veterinary Calls (Business and AH): **0418 299 938**

GELDING CONSENT FORM

Owner/agent*:	Horse name*:
Address:	Sire*: (If un-named)
Telephone*:	Dam*: (If un-named)
Email*:	Year of Birth:
Location of horse*:	Microchip:
Brands: NS	Brands: OS

I _____ authorise Wyong Equine Clinic to administer a sedative and local anaesthetic or general anaesthetic for the 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 insurance company _____ has been notified and the appropriate authority given.

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 result of this procedure and accept that such complications may incur additional fees. I acknowledge that I have been made aware of the 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.

Signed: _____ Dated: _____

(owner/agent)

*Please ensure to fill in these fields and as many other fields as possible.