



Equine Veterinary Surgeons
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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.