

# EQUINE CASTRATION CONSENT FORM



Horse Name			
Breed		Age (DOB)	
Colour			
Brands/Microchip			
Owner Name			
Address			
Email			
Phone No(s)			

## STATEMENT OF CONSENT

I am the owner of the above described horse and authorise Samford Valley Veterinary Hospital to administer a general anaesthetic to perform castration. If an agent for the owner, I confirm that I have the express authority of the owner to authorise castration.

I confirm that the above horse  is /  is not insured. If insured, the insurance company or agent has been notified of the procedure.

NAME OF INSURANCE COMPANY

I/WE understand the procedure my horse is undergoing, and that castration is irreversible. I/WE acknowledge that no surgical, medical, or anaesthetic treatment is without risk to the horse.

I/WE have discussed any concerns with the veterinarian treating the horse.

I understand that any estimate of cost pertains to a routine equine castration, and this is only a guide. Should additional treatment or medication be required, or in the event of any post-operative problems, these costs will be additional, and may exceed the estimate.

I accept responsibility for full payment of the fees associated with this procedure and full payment will be made on the day of the procedure or prior to discharge from hospital.

In the event of an emergency, I agree to the administration of any treatment that is deemed to be necessary. I understand that in this event, the veterinarian will endeavour to contact me on the above telephone numbers and that costs could exceed any estimated.

I	PLEASE PRINT NAME	CONSENT TO GENERAL ANESTHESIA AND CASTRATION	
	SIGN HERE	DATE	DATE