



## EQUINE CASTRATION CONSENT

OWNER/AGENT	HORSE'S NAME	
ADDRESS	AGE	COLOUR
	BREED	
	SIRE	
	DAM	
EMAIL	HeV VACC	Y / N DATE OF VACC
TELEPHONE	MICROCHIP NUMBER	
FAX	NEARSIDE BRAND	
MOBILE	OFFSIDE BRAND	

**PLEASE SELECT YOUR PREFERRED TECHNIQUE:**

- OPTION A :** General Anaesthetic and Castration performed at **WestVETS Equine Hospital**, fully closed and sutured; OR
- OPTION B:** General Anaesthetic and Castration performed at **WestVETS Equine Hospital**, open scrotum; OR
- OPTION C:** General Anaesthetic and Castration performed **in the field**, open scrotum.

I ..... (insert name of **owner/agent\***) authorise *WestVETS Animal Hospitals* to administer a general anaesthetic and perform a castration on the above described horse. If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure. *\*Delete where not applicable*

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. *\*Delete where not applicable*

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 understand that any additional costs incurred as a result are payable upon discharge. I understand that unforeseen circumstances may arise and I agree to indemnify WestVETS from and against any such liability.

**Signature of Owner/Agent** ..... **Date** .....

**Print Name** .....