



EQUINE ADMISSION AND CONSENT FOR PROCEDURE

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

I (insert name of **owner/agent***)
authorise *WestVETS Animal Hospitals* to perform procedures and treatments associated
with on the above
described horse. I understand that these procedures may involve administration of a sedation, local
anaesthetic or general anaesthetic. 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 either as a result of surgery and/or hospitalisation and I agree to
indemnify WestVETS from and against any such liability.

**I agree that all costs incurred while my horse is hospitalised are payable UPON DISCHARGE and
that failure to pay the costs in full can result in WestVETS Animal Hospitals holding my horse at
EXTRA COST until such time as all fees are paid.** The onus is on me to remain informed as to the
current balance of my account.

C/Card # ____ / ____ / ____ / ____ Exp ____ / ____ Name on card _____

Signature of Owner/Agent **Date**

Feeding and Rugging Requirements
Equipment left with horse (eg. rug, halter)

