



RACETRACK VETERINARY SERVICES

...leaders in the field

SURGICAL CONSENT FORM

OWNER or AUTHORISED AGENT*	HORSE'S NAME:
ADDRESS:	AGE:
	COLOUR:
	BREED: SEX:
	SIRE:
	DAM:
TELEPHONE:	Microchip Number:
FAX:	Nearside Brand:
MOBILE:	Offside Brand:

Consent

I consent to the administration of a sedative and/or local/general anaesthetic and to the following surgery being performed on the above described horse:

Is the above described horse insured? _____ Insurer _____
Has the insurer or the agent of the insurer been notified of the surgery? _____

Acceptance of Risk

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.

Payment of Costs

I undertake to pay all costs incurred in undertaking this procedure including those associated with livery. I agree to indemnify the attending veterinarian, his servants and agents for any loss or liability that they may incur as a result of any inaccuracy, whether intended or otherwise, arising from the information provided by me in this Consent Form.

Signed – Owner or Authorised Agent*

Date

* If signed by an agent of the owner, the agent warrants that he or she has full authority from the owner to provide the consent and the information contained in this Consent Form.