



WILLINGA PARK

CASTRATION CONSENT FORM

OWNER/AGENT: _____ HORSE'S NAME: _____

ADDRESS: _____ AGE: _____ COLOUR _____

_____ BREED: _____

_____ SIRE: _____

TELEPHONE: _____ DAM: _____

FAX: _____ Microchip: _____

MOBILE: _____ BRAND: _____

I _____ (insert name of **owner/agent***) authorise the veterinary surgeon of Willinga Park to administer a sedative and local anaesthetic or general anaesthetic and for 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 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.

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. It has been explained to me and I understand that a perfect result can not be guaranteed or warranted. 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 veterinary surgeon. I have had the opportunity to discuss the surgery proposed with the attending veterinary surgeon. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed procedure and that I have been given sufficient time and information to make an informed decision.

I undertake to pay all costs of treatment incurred in undertaking this procedure including those costs associated with agistment.

Signature of Owner/Agent* _____ **Date** _____

* Please delete where not applicable