



## WILLINGA PARK

### EQUINE PROCEDURE / CONSENT FORM

Date \_\_\_\_\_ Time \_\_\_\_\_

Owner or Authorised Agent\*:

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Horse's Name:

\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Colour \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Microchip \_\_\_\_\_

Brands \_\_\_\_\_

Estimate Procedure Cost \$ \_\_\_\_\_

I/We 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 \_\_\_\_\_ Insurer Notified YES / NO

#### Acceptance of Risk

I/We 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.

It has been explained to me and I understand that a perfect result or outcome cannot be guaranteed or warranted. I have had the opportunity to discuss the procedure proposed including, post-operative treatment and prognosis. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

#### Payment of Costs

I undertake to pay all costs incurred in undertaking this procedure including those associated with agistment. I have been provided with an estimate of the veterinary and associated fees relevant to the proposed treatment to which I am consenting. I understand that the veterinary surgeon will attempt to immediately inform me if the proposed fees are likely to exceed that estimate. 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 or complications, whether intended or otherwise, arising from the information provided by me in this Consent Form. As owner I agree to pay all charges incurred on discharge of the animal, or in case of dispute I as agent agree to pay these costs.

Name Owner or Authorised Agent\* \_\_\_\_\_ Signature \_\_\_\_\_ 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.