BARRINGTON COAST VETS

EQUINE CASTRATION CONSENT

Diamond Beach | Nabiac | (02) 6559 2277

OWNER / AGENT & HORSE DETAILS

Owner / Agent

Address

Email

Telephone

Mobile

Horse name

Age

Colour

Breed

Sire

Dam

Microchip number

Nearside brand

Offside brand

Hendra (HeV) vaccinated? ☐ Yes ☐ No **Date of vaccination:**

PREFERRED TECHNIQUE (SELECT ONE)

☐ OPTION A: General anaesthetic and castration at a veterinary facility, fully closed and sutured.

☐ OPTION B: General anaesthetic and castration at a veterinary facility, open scrotum.

☐ OPTION C: General anaesthetic and castration in the field, open scrotum.

I authorise Barrington Coast Vets to administer a general anaesthetic and perform a castration on the horse named above. If I am acting as an agent, I confirm that I have the express authority of the owner to authorise this procedure.

☐ Insured ☐ Not insured Insurer / agent:

I confirm that the above-named horse is / is not currently insured (select below). I confirm that the insurance company or its agent has been notified of the procedure, where applicable.

I acknowledge that no surgical or anaesthetic procedure is without some risk to the animal. I accept the potential surgical and anaesthetic risks, including 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 Barrington Coast Vets from and against any such liability.

Signature of Owner / Agent: **Date:**

Print name:

Please review all information with your veterinarian before signing.

Typed signature field is not a verified digital-signature certificate.