

## Equine Surgery Consent Form

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Authorised Agent Name/Address \_\_\_\_\_

Name \_\_\_\_\_ Sire \_\_\_\_\_ Dam \_\_\_\_\_

Brand \_\_\_\_\_ n/s \_\_\_\_\_ o/s \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Microchip No. \_\_\_\_\_ Breed \_\_\_\_\_ Colour \_\_\_\_\_

*I ..... (insert name of **owner/agent\***)  
 authorise the ..... (insert name of veterinary  
 practice) 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. 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 undertake to pay all costs of treatment incurred in undertaking this procedure including those costs  
 associated with livery.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_ Date \_\_\_\_\_ Surgeon/Clinician \_\_\_\_\_

Induction Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Time \_\_\_\_\_

Physical Status \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

HR/min \_\_\_\_\_ RR/min \_\_\_\_\_ MM Colour \_\_\_\_\_ CRT \_\_\_\_\_ BT °C \_\_\_\_\_

**Pre-Anaesthetic and Induction Medication**

Drug	Volume (ml)	Total (mg)	Time	Route

Recovery \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
 Comments \_\_\_\_\_