

EQUINE ANAESTHESIA CONSENT FORM

Name: _____ Date: _____

Phone: _____ Mobile: _____

Email: _____

Address: _____

Horse Details:

Horse name (or breeding): _____

Breed: _____

Colour: _____ Age: _____ Sex: _____

Identifiers (brands/microchip): _____

Any current medication: _____

Procedure: _____ **Estimated cost:** _____

Is the horse insured? Yes No Has the Insurance Company been notified? Yes No

Owner / agent declaration

- I agree to entrust this horse to you for investigation, diagnostic procedures and such medical treatment as is deemed necessary.
- If a general anaesthetic is to be administered there are significant risks and complications associated with anaesthesia. I understand these risks which have been clearly explained to me.
- I accept that there are certain risks to the life of the horse that may occur as a result of the proposed treatment. These risks have been fully explained to me. I appreciate that while reasonable care and attention will be given to the horse, no member of staff shall be liable for loss, damage, or injury resulting from treatment or otherwise.

- I am familiar with the nature of the procedure to be performed and understand no warranty or guarantee has been made as to the result or cure.
- I understand that certain drugs that are not licenced to horses may be administered at the discretion of the attending clinicians and accept the attendant risks.
- I agree to pay the practice all reasonable costs and expenses that may be incurred while the horse is under its care. I understand that if complications occur, costs may be in excess of those estimated.
- I agree that all case records, radiographs and materials of all kinds remain the property of the practice.
- For insured horses, I acknowledge the Insurance Company has been informed the horse has been presented for treatment and/or anaesthesia/surgery.

If presented by an agent

I warrant that I am authorised to act on behalf of the owner as agent or as a person with legal authority in respect of the above animal and indemnify the veterinary practice for any loss arising out of the above procedure.

Owner's name: _____

Phone: _____ **Mobile:** _____

Email: _____

Authorisation

I have read and understand the above points.

Signed: _____ **Date:** _____

Witnessed by (VSHB): _____