



**SYDNEY  
EQUINE**

## EQUINE CASTRATION CONSENT FORM

Owner/ Trainer:

Phone:

Mobile

E-Mail:

Address:

Horses Name:

Breed:

Colour:

Age:

Brands: Left:

Right:

Microchip:

I acknowledge that no surgical procedure is without some risk to the animal and having been made aware of these risks, I give my permission for the surgical/anaesthetic procedure to be performed on my animal.

I \_\_\_\_\_(Owner/Agent) hereby give permission for the above described horse to be castrated by Sydney Equine Practice.

I confirm that the insurance company has been notified and the appropriate authority given. Yes (  )  
No (  )

I accept that the surgical and anaesthetic risks including any complications that may develop as a result of the procedures, and acknowledge that these may incur an additional fee. I as an owner agree to pay any additional charges.

SIGNATURE OF OWNER / AGENT:

DATE:

NAME:

