



**SYDNEY
EQUINE**

EQUINE SURGERY & ANAESTHESIA PROCEDURE CONSENT FORM

Owner/ Trainer:		Phone:	
Mobile		E-Mail:	
Address:			
Horses Name:		Breed:	
Colour:		Age:	
Brands: Left:		Right:	
Microchip:			

SURGICAL PROCEDURE: _____.

I/ We acknowledge that no surgical or anaesthetic procedure is without some risk to the animal. Having been made aware of these risks, I understand the risks and I give my permission for the above surgical/anaesthetic procedure to be performed on the above described horse by Sydney Equine Practice Pty Ltd.

I _____ (Owner/Agent) hereby give permission for the above surgical procedure to be undertaken.

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. As an owner I agree to pay all charges incurred.

SIGNATURE OF OWNER / AGENT:

DATE:

NAME:

