



DR ALAN R. GILES BVSc. (Hons) & ASSOCIATES  
**Grafton VETERINARY CLINIC**

128 BACON ST GRAFTON NSW 2460

PH: 02 6642 3681

A/H: 02 6642 7442

Fax: 02 6643 4936

## EQUINE TREATMENT & SURGERY CONSENT FORM

Date: \_\_\_\_\_

### ADMISSION & CONSENT DETAILS

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

Address: \_\_\_\_\_

Ph. W: \_\_\_\_\_ H: \_\_\_\_\_

M: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Stud/Stable: \_\_\_\_\_

### HORSE DETAILS

Name: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Col: \_\_\_\_\_ Brand: \_\_\_\_\_

Microchip No: \_\_\_\_\_

Examination Requested by: \_\_\_\_\_

Procedure Required: \_\_\_\_\_

Estimated Costs: \_\_\_\_\_

Tetanus Vaccination Yes/No: Date: \_\_\_\_\_ **Hendra Vaccination** current Yes/No Date: \_\_\_\_\_

Has your Horse had any Allergies or "reaction" to any Medication? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your Horse on any current medication: \_\_\_\_\_

\_\_\_\_\_

Significant History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONSENT DECLARATION

I Declare:

\* I am over 18 years of age.

\* I/We \_\_\_\_\_ (Owner/Agent) give consent for the above described horse to have the requested procedure undertaken by the Grafton Veterinary Clinic

\* I am the owner of this Horse, OR that I am authorised by the owner to sign this form.

\* I will pay all fees owing at the time of treatment (by means of Cash / Cheque / or Eftpos) unless alternative prior arrangements have been made with the veterinarian.

\* I recognize that there is a degree of risk attached to medical or surgical procedures with Anesthesia.

I acknowledge that complications may develop because of the undertaken procedure(s) and if I have any Concerns regarding these, I will discuss those with the veterinarian.

\* In the event of any dispute, I as an agent agree to pay these costs.

\* I have read and understood this form.

SIGNED: \_\_\_\_\_ Owner/Agent Name: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_