



## Castration (gelding) Consent Form

<b>Trainer:</b>	<b>Horse name:</b>
<b>Owner/Agent:</b>	Sire:
	Dam:
<b>Address:</b>	Breed:
	Colour:
	Sex:
	Age:
	Brands:
<b>Phone:</b>	Microchip:
<b>Mobile:</b>	Insured?:

Is the horse's tetanus prophylaxis currently up-to-date? Please circle answer:

YES NO

I authorise Ascot Equine Veterinarians to administer a general anaesthetic and perform surgery for **castration (gelding)** on the above described horse. 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 described horse is/is not currently insured (delete as applicable) and that the insurance company has been notified of this 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 complication 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 am aware that I am responsible for the cost of any and all treatments and procedures carried out on the above mentioned horse. **I undertake to pay all costs incurred in undertaking this procedure including those associated with livery.**

Signed owner/agent: \_\_\_\_\_ Date: \_\_\_\_\_

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