



Colic Surgery Consent Form

Date: _____	
Trainer: _____	Horse: _____
Owner/Agent: _____	Breed: _____
Address: _____	Colour: _____
_____	Sex: _____
_____	Age: _____
Mobile: _____	Brands: _____
Phone: _____	Insurance company: _____

Tetanus current: Yes / No / Due

Equipment left with the horse: _____

Behavioural problems (please list): _____

Dietary requirements: _____

Has (s)he had any medications in the last 24hrs? __

I _____ as owner/agent (delete as applicable) authorise Ascot Equine Veterinarians to administer a general anaesthetic and perform surgery for colic 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 (delete as applicable) currently insured. I confirm that the insurance company or its agent _____ 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 acknowledge that I have been quoted \$8000- \$12,000 for the surgery and routine post operative care. I understand that complications post surgery may incur costs over and above this quote.

I undertake to pay all costs incurred in undertaking this procedure including those associated with livery.

Signed owner/agent: _____