



Surgery Consent Form

Owner/agent		Horse		
(Trainer)		Breed		
Address		Colour		
		Sex		
		Age		
		Brands	NS	OS
Mobile		Microchip		
Email		Insurance		

Is tetanus prophylaxis current (please circle): Yes / No / Due

Equipment left with the horse:

Behavioural problems (please list):

Dietary requirements:

Has your horse 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 _____ 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: _____