



CONSENT TO PERFORM A CASTRATION

Please fill in required fields as marked \*

After filling in form - please print and fax or email to:
Tamworth Equine Veterinary Centre Reception: info@tamworthequine.com.au
F +61 2 6761 3450

I (Name) \_\_\_\_\_ of \_\_\_\_\_

Being the OWNER/AGENT of the below named horse and a person over the age of eighteen years, hereby authorise Tamworth Equine Veterinary Centre and registered Veterinarian: \_\_\_\_\_ to castrate the horse described below.

I, acknowledge that the horse named below is/is not currently insured.

I confirm that the insurance company or its agent (insert name of insurance company or its agent) \_\_\_\_\_ has been notified of this procedure.

HORSE

\* HORSE'S NAME OR DAM'S NAME AND COLT'S YEAR OF BIRTH \_\_\_\_\_

\* BRANDS: \_\_\_\_\_

\* BREED: \_\_\_\_\_

\* COLOUR: \_\_\_\_\_

\* AGE / DOB: \_\_\_\_\_

\* MICROCHIP: \_\_\_\_\_

In consideration of the said Veterinarian providing the requisite treatment, I hereby agree to pay the prescribed fees, and further agree to indemnify him, his servants or agents, from loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

I / We acknowledge that no surgical, medical or anaesthetic treatment is without risk to the horse.

I / We acknowledge that Tamworth Equine Veterinary Centre has provided information regarding these risks on its website www.tamworthequine.com.au and that I/ We understand the risks and have discussed any concerns with the veterinarian treating my/our horse.

\* SIGNED \_\_\_\_\_ \* DATE \_\_\_\_\_

\* WITNESS \_\_\_\_\_

\* NOTE: NO SURGICAL PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE