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FORM OF CONSENT
FOR ANAESTHESIA AND SURGICAL PROCEDURES IN HORSES

Horse Name: _____
Breed: _____
Brands: Rt Shoulder _____ Left Shoulder _____
Colour: _____
Age: _____
Sex: _____
Procedure: _____

OWNER/ AGENT DETAILS

Name: _____
Address: _____
Telephone: _____
Any relevant clinical history/ special precautions:

I hereby give permission for the administration of an anaesthetic to the above animal and to the surgical operation detailed on this form, together with any procedures, which may prove necessary. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal.

I have notified the insurers concerning the procedures planned for this animal.

Signature: _____ Owner/Agent
Name: _____ Date: _____