

EQUINE CASTRATION CONSENT FORM

Owner/ Trainer:		Phone:	
Mobile		E-Mail:	
Address:			
Horses Name:		Breed:	
Colour:		Age:	
Brands: Left:		Right:	
Microchip:			

I acknowledge that no surgical procedure is without some risk to the animal and having been made aware of these risks, I give my permission for the surgical/anaesthetic procedure to be performed on my animal.

I _____ (Owner/Agent) hereby give permission for the above described horse to be castrated by Sydney Equine Practice.

I confirm that the insurance company has been notified and the appropriate authority given. Yes () No ()

I accept that the surgical and anaesthetic risks including any complications that may develop as a result of the procedures, and acknowledge that these may incur an additional fee. I as an owner agree to pay any additional charges.

SIGNATURE OF OWNER / AGENT:

DATE:

NAME: