



**CASTRATION CONSENT FORM**

OWNER:	HORSE'S NAME:
ADDRESS:	AGE:
TELEPHONE:	COLOUR:
EMAIL:	BREED:
INSURED:            YES            NO	MICROCHIP NUMBER:
AGENT:	BRAND:
TELEPHONE:	DATE OF LAST TETANUS VACCINATION:

I,.....(*insert name of owner/agent*) authorise Exclusively Equine Veterinary Services to administer a local or general anaesthetic and perform surgery for ...**CASTRATION**... 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. An open castration will be performed using emasculators. No suture material is used to close the tunic or skin.

I confirm that the above described horse *is/is not* currently insured. I confirm that the insurance company or its agent .....(*insert name of 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 complications may incur additional fees.

Some of the common complications associated with this procedure include but are not limited to:

- Post-surgical bleeding
- Post-surgical swelling
- Post-surgical infection
- Anaesthetic injury including limb fracture, adverse reactions or death
- Eversion/evisceration of the intestines through the surgical wound

I acknowledge that I have been made aware of these risks. I acknowledge that post-operative care may be required and will be undertaken as deemed necessary by the attending veterinarian. I confirm that I will read the aftercare document and agree to follow the guidelines. I undertake to pay all costs incurred in undertaking this procedure, including those associated with livery.

Signature.....

Date.....

Print name.....