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Castration Consent Form

Owner/Agent:	Registered Name:	
	Paddock Name:	
Address:	Age:	Weight: (Horse will be weighed in clinic)
Mobile Phone:	Colour:	
Home Phone:	Breed:	
Email:	Sire:	
	Dam:	
	Microchip No:	
Tetanus: (Date last given)	Brands if known:	

I(name of owner/agent) authorise Central West Equine to perform a castration under general anaesthetic on the above described horse.

If the above mentioned is an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.

The horse **is / is not** insured (please circle). I confirm that the insurance company or its agent(name of insurance company) has been informed of the procedure.

- I acknowledge that no procedure is without some risk to the animal.
- I accept all potential risks including any complications that may develop as a result of this procedure and accept that such complications may incur additional fees.
- I acknowledge that common potential complications can occur with this procedure including death.
- I undertake to settle all costs incurred in undertaking this surgery including those associated with agistment. The estimated cost of castration including sedation is _____ plus pain relief and antibiotics. Yard agistment will be charged overnight if required.

Signed (owner/agent)..... Dated.....

VET Use only:

ACP	Xylazine	Ketamine	Pamlin	Tetanus given	Propercillin
				Y N	ml