



Central West Equine

Veterinary Reproduction, Surgery & Lameness

Dr David Searle BVSc DVCS

P [02] 63 654 363

960 Cadia Road Springside NSW 2800

office@centralwestequine.com.au

Dental Examination and Treatment Consent

Owner/Agent:	Horse's Registered Name:
	Paddock Name:
Address:	Age: Sex: Mare / Gelding / Stallion (Please circle) Colt / Filly
Mobile Phone:	Colour:
Home Phone:	Breed:
Email:	Microchip No:
Fax:	Brands if known:
	Weight(Clinic Use):
Clinical History	
Weight Loss <input type="checkbox"/> Spills Feed <input type="checkbox"/>	Vaccinations: Tetanus <input type="checkbox"/> Date Last Given?
Fast Eater <input type="checkbox"/> Slow Eater <input type="checkbox"/>	Strangles <input type="checkbox"/> Date Last Given?
Riding Discipline:	Tetanus/Strangles Date Last Given? <input type="checkbox"/>
Bit/Bridle Used:	Hendra <input type="checkbox"/> Date Last Given?
Bit Resistance? Left/ right/ chews bit/ head tossing	Date of last de-worming:
Date of Last Dental?	Product Used?

I(name of owner/agent) authorise Central West Equine to perform oral examination and treatment 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** (please circle) insured. I confirm that the insurance company or its agent has been informed of the diagnostics.

I acknowledge that no diagnostic 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 I have been made aware of the common potential complications of this procedure.

I undertake to settle all costs incurred in undertaking this treatment including those associated with agistment. I acknowledge that the account must be settled in full at the time of treatment. The routine dental fee does not include radiographs, extractions, nerve blocks etc which will incur additional fees.

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