



Central West Equine

Veterinary Reproduction, Surgery & Lameness

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Diagnostic Consent Form

| | | |
|---------------|------------------------|---|
| Owner/Agent: | Horse Registered Name: | |
| | Paddock Name: | |
| Address: | Age: | (Please circle): Mare / Gelding / Stallion / Colt / Filly |
| | Colour: | Weight (Clinic Use) |
| | Breed: | |
| Mobile Phone: | Sire: | |
| Home Phone: | Dam: | |
| Email: | Microchip No: | |
| | Brands if known: | |

I authorise Central West Equine to perform diagnostic procedures
(name of owner/agent)

foron the above described horse.
(description of procedure)

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 as appropriate)

I confirm that the insurance company or its agent has been informed of the diagnostics.
(name of insurance company)

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 these diagnostics including those associated with agistment. I acknowledge that I must make a deposit of 50% of the estimated costs of treatment before the procedure is performed and that the balance of the account is settled in full at the time of discharge. The estimated cost of diagnostics is

Signed

Dated..... (owner/agent)