



Central West Equine

Veterinary Reproduction, Surgery & Lameness

P (02) 63 654 363

960 Cadia Road Springside NSW 2800

office@centralwestequine.com.au

Dr David Searle BVSc DVCS

Consent to Castration

Client's Name: _____

Client's Address: _____

Daytime Phone: _____

Mobile Phone: _____

Animal Name: _____

Breed: _____

Age: _____

Colour: _____

Microchip No.: _____

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 in clinic will be charged /night if required.

Signed _____ Date _____
(owner/agent)

VET Use Only:

	ACP	Xylazine	Ketamine	Pamlin	Tetanus given		2 in 1 given		Propericillin (ml)	Bute (IV) (ORAL)
					Y	N	Y	N		ml