GOULBURN VALLEY EQUINE HOSPITAL
905 Goulburn Valley Highway
Congupna VIC 3633
Ph: (03) 5829 9566 Fax: (03) 5829 9307
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Castration Consent Form

OWNER:	HORSE'S NAME:
ADRESS:	AGE:
	COLOUR:
	BREED:
	SIRE:
TELEPHONE:	DAM:
FAX:	Microchip Number:
MOBILE:	Nearside Brand:
Email:	
INSURED: Yes No	Offside Brand:
AGENT:	
TELEPHONE:	

I,……..……(*insert name of owner/agent*) authorise Goulburn Valley Equine Hospital 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. I confirm that the above described horse is/in 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. I acknowledge that I have been made aware of the common potential complications of this procedure. I acknowledge that post operative care may be required and will be undertaken as deemed necessary by the attending veterinarian. I undertake to pay all cost incurred in undertaking this procedure including those with livery.

Signature……. Date……..

Print name……