



ABN: 25 056 933 142

Dr. Marcus Valmadre B.V.SC

P.O. Box 325

Somerville Vic 3192

CASTRATION CONSENT FORM

| | |
|---------------------|--------------------------|
| OWNER/AGENT: | HORSE'S NAME: |
| ADDRESS: | AGE: |
| | COLOUR: |
| | BREED: |
| | SIRE: |
| POSTCODE: | DAM: |
| TELEPHONE: | Microchip Number: |
| EMAIL: | Nearside Brand: |
| MOBILE: | Offside Brand: |

I (insert name of **owner/agent***) authorise Peninsula Equine Veterinarians to administer a sedative and local anaesthetic or general anaesthetic and for above described horse to be gelded. 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 named horse **is/ is not***_____ currently insured. I confirm that the insurance company or its agent(insert name of insurance company or its agent) has been notified of the 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 costs of treatment incurred in undertaking this procedure including those costs associated with livery.

Date:

**by Submitting this form
you understand & accept
our terms and conditions**