



ABN: 25 056 933 142
Dr. Marcus Valmadre B.V.SC
P.O. Box 325
Somerville Vic 3192

CONSENT TO TREATMENT FORM

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

I (insert name of **owner/agent***)
 authorise the Peninsula Equine Veterinarians
 to carry out the following procedure/treatment 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 veterinary practice has advised me of the possible risks and complications of this procedure/treatment.

I acknowledge that I have read the above and understood the nature and consequences of the procedure/treatment. I understand that the treatment/procedure may involve some risk and I give my consent for the treatment/procedure to be performed.

I undertake to pay all costs incurred in undertaking this treatment/ procedure including those associated with livery.

Date:.....
by Submitting this form
you understand & accept
our terms and conditions