



EQUINE CASTRATION CONSENT

OWNER/AGENT:

ADDRESS:

PHONE:

HORSE NAME:

AGE:

COLOUR:

BREED:

SIRE:

DAM:

MICROCHIP:

NS BRAND:

OS BRAND:

I,(Owner/Agent*) authorise **ESK VETERINARY SERVICES** to administer a sedative and general anaesthetic for the 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 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 arise 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 incurred in undertaking this procedure including those associated with livery.

Signature of Owner/Agent*:.....

Date: