



ILLAWARRA EQUINE CENTRE

www.iecvet.com.au

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24 HOUR EMERGENCY SERVICE
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GELDING CONSENT FORM – fax 44 486 364

OWNER/AGENT	HORSE	
ADDRESS:	AGE:	COLOUR:
	BREED:	
	SIRE:	
	DAM:	
	MICROCHIP:	
TELEPHONE:	BRANDS	
	NSS:	
EMAIL:	OFS:	
FAX:		

I ACKNOWLEDGE THAT NO SURGICAL OR ANAESTHETIC PROCEDURE IS WITHOUT SOME RISK TO THE ANIMAL AND, HAVING BEEN MADE AWARE OF THESE RISKS, I GIVE MY CONSENT FOR SURGICAL/ANAESTHETIC PROCEDURE TO BE PERFORMED ON MY ANIMAL.

I (OWNER/AGENT) HEREBY GIVE PERMISSION FOR THE ABOVE-MENTIONED HORSE TO BE GELDED.

I CONFIRM THAT THE INSURANCE COMPANY HAS BEEN NOTIFIED AND THE APPROPRIATE AUTHORITY GIVEN.

I SHALL SETTLE ALL CHARGES INCURRED ON DISCHARGE OF MY ANIMAL, INCLUDING THOSE ASSOCIATED WITH AGISTMENT. I ACKNOWLEDGE THAT UNLESS I HAVE AN EXISTING ESTABLISHED CREDIT ACCOUNT I WILL MAKE A DEPOSIT OF 25% OF THE ESTIMATED COST OF TREATMENT BEFORE THE PROCEDURE IS PERFORMED AND THAT THE BALANCE OF THE ACCOUNT IS SETTLED AT THE TIME OF DISCHARGE.

SIGNED:.....DATED:.....
(OWNER/AGENT)