



# ILLAWARRA EQUINE CENTRE

[www.iecvet.com.au](http://www.iecvet.com.au)

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## SURGICAL &/ OR DIAGNOSTIC PROCEDURE CONSENT FORM / fax to 44 486 364

OWNER/AGENT:	HORSE'S NAME	
ADRESS:	AGE:	COLOUR:
	BREED:	
	SIRE:	
	DAM:	
	MICROCHIP#:	
TELEPHONE#:	BRANDS: NSS-	OSS-
EMAIL:		
FAX:		

I ..... (Insert name of owner/agent\*) authorise Illawarra Equine Centre to administer a local or general anaesthetic and perform surgery or carry out diagnostic procedures for..... 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/is not\* insured. I confirm that the insurance company or its agent ..... (insert name of insurance company/agent) has been notified of this procedure.

I acknowledge that no surgical, anaesthetic procedure or diagnostic procedure is without some risk to the animal. I accept all potential 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 settle all costs incurred in undertaking this procedure including those associated with agistment. I acknowledge that unless I have an approved existing credit account I must make a deposit of 50% of the estimated costs of treatment before the procedure is performed and that the balance of the account is settled in full at the time of discharge.

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