



## CONSENT TO PERFORM A CASTRATION

Please fill in required fields as marked \*

After filling in form - please print or email to:  
Scone Equine Hospital Reception: info@sconeequine.com.au

I (Name) \_\_\_\_\_ of \_\_\_\_\_

Being the **OWNER/AGENT** of the below named horse and a person over the age of eighteen years, hereby authorise Scone Equine Hospital and registered Veterinarian: \_\_\_\_\_ to castrate the horse described below.

I, acknowledge that the horse named below **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 this procedure.

### HORSE

\* HORSE'S NAME OR DAM'S NAME COLT'S YEAR OF BIRTH \_\_\_\_\_

\* BRANDS: \_\_\_\_\_

\* BREED: \_\_\_\_\_

\* COLOUR: \_\_\_\_\_

\* AGE / DOB: \_\_\_\_\_

\* MICROCHIP: \_\_\_\_\_

Does your horse have a pre-existing condition or disease? If yes, please note here: \_\_\_\_\_

In consideration of the said Veterinarian providing the requisite treatment, I hereby agree to pay the prescribed fees, and further agree to indemnify him, his servants or agents, from loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

I / We acknowledge that no surgical, medical or anaesthetic treatment is without risk to the horse.

I / We acknowledge that Scone Equine Hospital has provided information regarding these risks on its website [www.sconeequinehospital.com.au](http://www.sconeequinehospital.com.au) and that I / We understand the risks and have discussed any concerns with the veterinarian treating **my/our** horse.

\_\_\_\_\_  
\* SIGNED

\_\_\_\_\_  
\* DATE

\_\_\_\_\_  
\* WITNESS

**\* NOTE: NO SURGICAL PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE**