



EQUINE ABORTION POST MORTEM CONSENT FORM

ADMISSION AND CONSENT DETAILS

Please fill in required fields as marked *

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After filling in form - print and fax to:

Laboratory: F +61 2 6545 1044

or email to: lab@sconeequine.com.au

CONSENT DETAILS

OWNER

DATE: _____ TIME: _____

NAME: _____

ADDRESS: _____

TELEPHONE (W): _____ (H): _____

MOBILE: _____

EMAIL: _____

FAX: _____

INSURANCE: _____

STUD / STABLE: _____

Lab No.

HORSE

NAME: _____

SIRE: _____

DAM: _____

LAST SERVICE DATE: _____

PM REQUESTED BY: _____

VETERINARIAN: _____

CONSENT/COMMUNICATION: _____

HISTORY

Have there been previous abortions on this farm this year? YES NO DATE: _____

Has the mare aborted in previous years? YES NO DATE: _____

Has the mare previously delivered sick/dummy foals? YES NO DATE: _____

Has the mare had discharge? YES NO UNKNOWN DATE: _____

PREVIOUS MEDICATION GIVEN TO MARE

| DRUG | DOSE | DOSE FREQUENCY |
|------|------|----------------|
| | | |
| | | |
| | | |

ABORTION/ POST MORTEM CARE CONSENT

I/We give consent for a Post Mortem examination to be performed on the above named animal by Scone Equine Hospital and agree to pay all charges incurred.

* Signed: (OWNER / AGENT) * DATE

I/We understand that veterinary data obtained at Post Mortem may be used for future scientific publications ensuring that client confidentiality will be maintained.

VERBAL CONSENT / AUTHORISATION ON BEHALF OF

SIGNED (OWNER / AGENT)

NO POST MORTEM PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE