



MCLAREN VALE EQUINE
VETERINARY SERVICES

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CASTRATION CONSENT FORM

Owner/Agent Name:	Horse's Name:
Address:	Age/Breed/Colour:
Mobile Ph:	Microchip Number:
Email:	Vaccination Status:

I _____ (Name of owner/agent*) authorise **McLaren Vale Equine Veterinary Services** to administer sedatives and a general anaesthetic to the above described horse for the purpose of castration as deemed appropriate by the attending veterinary surgeon. 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 named horse is/ is not* currently insured. If insured, I confirm that the insurance company _____ (Name of insurance company*) has been notified of the intended surgery.

If there is no history of tetanus vaccine administration in the previous 6 months then I authorise the appropriate vaccination(s) to be administered at the time of castration at an additional cost.

I acknowledge that no surgical procedure is without risk to the animal. I accept all potential surgical and anaesthetic risks including any complications that may develop as a result of this procedure. The most common post-surgical problems encountered with a gelding procedure are:

- Bleeding
- Scrotal infection and seroma formation
- Evisceration/evisceration of the intestines through the surgical wound
- Anaesthetic injury or death

Some of these complications can result in death or require euthanasia. I acknowledge that I have been made aware of these risks.

I acknowledge that post-operative care may be required and will be undertaken as deemed necessary by the attending veterinary surgeon. I undertake to pay all costs associated with this procedure including those associated with agistment at Leeuwin Equine Veterinary Hospital should the horse require intensive care and/or monitoring. I confirm that I have read and understood the castration aftercare document and agree to follow the guidelines.

I understand that **payment is required at the time of the surgery** and that any estimates provided prior to surgery are subject to change based on circumstances encountered on the day of surgery.

Signature of Owner/Agent: _____ Date: _____