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TREATMENT 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 carry out the following procedure/treatment on the above described animal:

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure. If the owner is not aware of the current situation with his/her horse, please provide appropriate contact details so that permission for treatment can be obtained. If the owner is not contactable then the agent will assume **responsibility for all costs incurred** with this procedure/treatment.

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 procedure.

I confirm that McLaren Vale Equine Veterinary Services has advised me of the possible risks and complications of this procedure/treatment and I give my consent for the procedure/treatment to be performed. I undertake to pay all costs incurred in undertaking this treatment/ procedure.

Signature of Owner/Agent: _____ Date: _____