

CONSENT FORM

To be completed and signed by the owner/agent of the horse

Name of Horse:

Date of Appointment:

1. I agree to entrust to you the above named horse for investigation, diagnostic procedures, and such medical or surgical treatment as the veterinary surgeon dealing with the case considers necessary, and on the basis of the Terms and Conditions of Business set out on the reverse hereof.
2. If a general anaesthetic is to be administered, there are significant risks associated with anaesthesia. I understand and accept the attendant risks which have been clearly explained to me.
3. I accept there may be certain risks to the life of the horse which could occur as a result of the proposed treatment. These risks have been fully explained to me. I appreciate that whilst reasonable care and attention will be given to the horse, no member of staff shall be liable for loss, damage or injury resulting from treatment or otherwise.
4. I understand that certain useful drugs, which are not licensed for use in horses, may be administered at the discretion of the veterinary surgeon, and I fully accept this and any attendant risks.
5. I agree to be invoiced direct by the Animal Health Trust, and I agree to pay to the Animal Health Trust all reasonable costs and expenses that may be incurred whilst the horse is under its care. I understand that if complications occur, costs may be in excess of any first quoted.
6. Should it prove necessary, in the opinion of the attending veterinary surgeon, I agree to the destruction of the horse on humane grounds. I understand that, should humane destruction be considered necessary, further written authorisation will be requested from me.
7. I agree that all case papers, radiographs, video recordings and materials of all kinds remain the property of the Animal Health Trust.
8. In the case of insured horses, I acknowledge that my insurance company has been informed that the horse has been referred to the clinic for diagnosis, and/or treatment, and/or general anaesthesia.
9. To the best of my knowledge I certify that this horse will not enter the human food chain.
10. I have read and understand the above points.

I, (*name in capitals please*) warrant that I am the owner*/agent acting on behalf of the owner*, of the above named horse.

Signature of owner/agent:

Date:

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Owner/Agent Address:

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Contact Numbers:

Home:

Work:

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Mobile: Fax:

*Delete as applicable

**PLEASE COMPLETE BOTH COPIES: RETURN ONE COPY TO THE EQUINE CENTRE
AT THE ABOVE ADDRESS, AND RETAIN THE SECOND COPY FOR YOUR REFERENCE**