



Tasmanian Equine  
Veterinary Services

**Tasmanian Equine  
Veterinary Services Pty Ltd**

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## **CONSENT TO PERFORM SURGERY**

Please fill in the required fields marked\*

After filling in the form - please email to: office@tasmanianequine.com.au

I \* \_\_\_\_\_ of \* \_\_\_\_\_,

Being the **\*OWNER / AGENT** of the below named horse and a person over the age of eighteen years, hereby authorise Tasmanian Equine Veterinary Services and registered Veterinarian Dr Catherine Charlton to administer a suitable sedation and anaesthetic, and to perform \* \_\_\_\_\_ surgery to 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**

\*Name: \_\_\_\_\_

\*Age / DOB: \_\_\_\_\_

\*Brands: \_\_\_\_\_

\*Breed: \_\_\_\_\_

\*Colour: \_\_\_\_\_

\*Microchip: \_\_\_\_\_

In consideration of the said Veterinarian providing the requisite treatment, I hereby agree to pay the prescribed fees, and further agree to indemnify her, her 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 acknowledge and accept that all treatments, sedations, anaesthetics, and surgical procedures involve risk to the horse, including risk of death. In the event of circumstances arising requiring additional treatment or surgery, I give authorisation to such procedures deemed necessary in the opinion of the veterinarian and understand these may incur extra costs.

\*(Signed) \_\_\_\_\_ \*(Date) \_\_\_\_\_

\*(Witness) \_\_\_\_\_