

Equine Castration Consent Form

Owner Name: _____

Owner Address: _____

Phone Number: _____ Email: _____

Authorized Agent Name, Address & Phone Number: (if owner not present)

Name of Horse: _____

Sex: _____ Age: _____

Breed: _____ Color: _____

I (insert name of owner/agent*)
authorize the (insert name of veterinary practice) to
administer a sedative and local anesthetic or general anesthetic and for above described
horse to be castrated.

If an agent of the owner, I confirm that I have the express authority of the owner to
authorize the above procedure.

I confirm that the above named horse is/ is not* currently insured. (Circle one)

I confirm that the insurance company or its agent (insert name
of insurance company or its agent) has been notified of the procedure.

I acknowledge that no surgical or anesthetic procedure is without some risk to the
animal. I accept all potential surgical and anesthetic risks including any complications
that may develop as a result of this procedure and accept that such complications may
incur additional fees. I acknowledge that I have been made aware of the common
potential complications of this procedure. I acknowledge that post-operative care may
be required and will be undertaken as deemed necessary by the attending veterinarian.
I undertake to pay all costs of treatment incurred in undertaking this procedure
including those costs associated with livery.

Signature:

_____ Date _____

Procedure Date Surgeon/Clinician: _____