

## Energy Equine Surgery 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: \_\_\_\_\_

Estimate Procedure Cost \$ \_\_\_\_\_

I ..... (insert name of owner /agent) consent to the administration of a sedative and/or local/general anesthetic and to the following surgery being performed on the above described horse:

Is the above described horse insured? YES / NO

Insurer: \_\_\_\_\_ Insurer Notified YES / NO

### Acceptance of Risk

I/We 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.

It has been explained to me and I understand that a perfect result or outcome cannot be guaranteed or warranted. I have had the opportunity to discuss the procedure proposed including, post-operative treatment and prognosis. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

### Payment of Costs:

I accept to pay all costs incurred in undertaking this procedure. I have been provided with an estimate of the veterinary and associated fees relevant to the proposed treatment to which I am consenting. I understand that the veterinary surgeon will attempt to immediately inform me if the proposed fees are likely to exceed that estimate. I agree to indemnify the attending veterinarian, his servants and agents for any loss or liability that they may incur as a result of any inaccuracy or complications, whether intended or otherwise, arising from the information provided by me in this Consent Form. As owner I agree to pay all charges incurred on discharge of the animal, or in case of dispute I as agent agree to pay these costs.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_