



CASTRATION CONSENT FORM

After completing form please email to: office@mcgregorequine.com.au

Horse Name: _____

Breed: _____

Colour: _____

Age: _____

Microchip No: _____

Brands: _____

nsh _____

osh _____

Vaccination Status: _____

TETANUS

Y / N

STRANGLES

Y / N

HENDRA

Y / N

Insurance: _____

Y / N

Insurance Company Contact: _____

Owner / Agent: _____

Address: _____

Email: _____

Phone: _____

I _____, being the owner/agent of the above named animal hereby authorise McGregor Equine Veterinary Services to castrate the animal described above. I confirm that above described animal **IS / IS NOT** currently insured.

I confirm that the insurance company or its agent _____ have been notified of this procedure and that I have the insurance company's permission to perform the above procedure.

I/We agree that no surgical, medical or anaesthetic treatment is without risk to the animal and post-operative care may be required and will be undertaken as deemed necessary by the attending veterinarian.

I/We acknowledge that McGregor Equine Veterinary Services has provided information regarding these risks and that I/we understand the risks and have discussed any concerns with the veterinarian treating my/our horse.

I/We agree to pay the prescribed fees and further agree to indemnify him, his servants or agents from loss or liability which may occur as a result of any inaccuracy whether intended or otherwise in this my declaration.

Signed: Date:

Witness: Date:

NOTE* NO SURGICAL PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE