



# HOSPITAL ADMISSION

## CONSENT TO PERFORM PROCEDURE

After completing form please email to: [office@mcgregorequine.com.au](mailto:office@mcgregorequine.com.au)

<b>Date:</b>	<b>Time:</b>
<b>Reason for Admission:</b>	
<b>Address:</b>	
<b>Mobile:</b>	
<b>Horse Name:</b>	
<b>Age:</b>	
<b>Breed:</b>	<b>Colour:</b>
<b>Microchip Number:</b>	
<b>Nearside Brand:</b>	<b>Offside Brand:</b>
<b>HeV Vacc: Y/N</b>	<b>Strangles/Tetanus Vacc Y/N</b>
<b>Feeding/Rugging Requirements:</b>	
<b>Equipment Left with Horse:</b>	

I \_\_\_\_\_, being the owner/agent of the above named animal hereby authorise McGregor Equine Veterinary Services to perform procedures and treatments associated with \_\_\_\_\_ on the above described horse. I understand that these procedures may involve administration of a sedation, local anaesthetic or general anaesthetic. If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure/s.

I confirm that the above named horse **is/is not** currently insured. I confirm that the insurance company or its agent \_\_\_\_\_ have been notified of this procedure/s.

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: .....