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|------------------------------|----------------------|---------------------------|---------------------|
| Horse Name: | | Date: / / | |
| Reason for Admission: | | | |
| Age: | Breed: | Colour: | |
| Brands: | | Microchip no: | |
| Phone: | | Email: | |
| INSURED: | YES / NO | Insurance Contact: | |
| VACCINATIONS: | Tetanus Y / N | Strangles Y / N | Hendra Y / N |
| Feeding Instructions: | | Rugs: | |
| Owner/ Agent: | | | |
| Address: | | | |
| Phone: | | Email: | |

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: