

# **EQUINE SURGERY CONSENT FORM**

CJ Reardon BVSc(Hons) BSc(Hons) MANZCVS GAICD & Associates

| Owner/Agent N   | ame:  |   |  |  |  |   |   |
|---|---|---|--|--|--|---|---|
|   |   |   |  |  |  |   |   |
| Owner/Agent Ac  | ddress:   |   |  |  |  |   |   |
| Name:   |   |   | Sire:  |  |  | Dam:  |   |
| Brand: n/s  | o/s   | Sex:  | А  | ge:  | Hend   | endra Vacc. Status:   |   |
| Microchip No.   |   |   |  |  |  | Colour:   |   |
| and for above desorbed the owner to au confirm that the ts agent notified of the proacknowledge that amaemorrhage, into and anaesthetic richat such complicity. | cribed horse for athorise the above above-named horsedure.  at no surgical or ernal eventrations including an ations may incutal complications taken as deemed all costs of treat | surgery. If a ve procedur orse is/ is n anaesthetic n, colic, cell ny complicar additiona of this procedure and necessary | an agent re.  not* curre (ins  c procedulitis, pe tions that I fees. I accedure. I a by the a' | of the owner, I co<br>ently insured. I co<br>ert name of insu<br>ure is without sor<br>ritonitis and pria<br>t may develop as<br>cknowledge that<br>acknowledge tha<br>ttending veterina | onfirm<br>onfirm<br>rance o<br>me risk<br>pism.<br>s a resu<br>I have<br>t post-<br>arian. | that I have the<br>that I have the<br>that the insura<br>company or its<br>to the animal<br>I accept all pot<br>alt of this proce<br>been made av<br>operative care | such as<br>such as<br>ential surgical<br>edure and accept<br>ware of the<br>e may be required |
| Signed:   |   |   |  |  |  | Date:   |   |
| Procedure:  |   |   |  | Surgeon/Clinician:   |  |   |   |
| Induction Time:   |   | End Tir   | ne:  | 8  |  | tal Time:   |   |
| Physical Status:  |   |   |  |  |  |   |   |
|   | HR/min  | RR/min  |  | MM Colour  | CRT  |   | BT °C   |
| PRE-ANAEST  | HETIC AND   | INDUCT  | ION M  | EDICATION  |  |   |   |
| Drug  |   | Volum   | me (ml)  | Total (mg)   |  | Time  | Poute   |

| Drug | Volume (ml) | Total (mg) | Time | Route |
|------|-------------|------------|------|-------|
|      |             |            |      |       |
|      |             |            |      |       |
|      |             |            |      |       |
|      |             |            |      |       |
|      |             |            |      |       |
|      |             |            |      |       |
|      |             |            |      |       |
|      |             |            |      |       |

**Recovery Time:** 

**Comments:** 

warwickvet.com.au

## WARWICK VETERINARY CLINIC

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**E** admin@warwickvet.com.au **Open** Mon – Fri: 8:30 am to 5:00 pm Sat: 8:30 am to 12:00 pm

#### ALLORA VETERINARY CLINIC

60 Herbert Street, Allora, QLD 4362

### P 07 4666 3127 AH 0408 716 305

**E** admin@warwickvet.com.au **Open** Mon – Fri: 8:30 am to 5:00 pm Sat: 8:30 am to 10:30 am

#### **CLIFTON VETERINARY ROOMS**

62 Clark Street, Clifton, QLD 4361

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