



Equine Breeding Centre

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CONSENT TO PERFORM CASTRATION UNDER ANAESTHETIC / SEDATION

This is to certify that I _____ of

Address: _____

am the Owner/Agent of the horse

Name: _____

Age: _____ Brands: _____

Breed: _____

Description: _____

I hereby consent to allow the veterinarians of Equivet Australia (Wilson's Equine Veterinary Services) to perform castration under anaesthetic of the above mentioned animal. I acknowledge the risks involved in surgery and have been informed by the veterinarians of the possible outcomes of the surgery.

I accept that I have authorised this procedure and agree to pay all charges involved under the terms and conditions of Equivet Australia.

Signed: _____

Print Name: _____

Date: _____

Max Wilson BVSc (Hons) MACVSc MRCVS - 0428 716 761, Robyn Woodward BVSc MVSc MRCVS - 0439 910 414,
Celia Dodd BSc BVSc (Hons) - 0428 718 224, Susanne Brundell BVSc (Hons) - 0407 988 381, Angie Doudle BVSc. - 0417 910 322,
Graeme McLeod BVSc B Ag Sc (Hons) - 0429 076 611.

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