



Equine Breeding Centre

142 Jimna Springs Road
Cambooya Qld 4358
Phone...+61 (07) 46 910 322
Fax.....+61 (07) 46 910 419
equivetaust@hotmail.net.au
www.equivetaustralia.com
ABN: 68 679 067 038

CONSENT TO PERFORM SURGICAL PROCEDURE

This is to certify that I _____ of

Address: _____

am the Owner/Agent of the horse:

NAME: _____

AGE: _____ BREED: _____

COLOUR: _____ BRANDS _____

Procedure Required: _____

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

I accept that I have authorised this surgery and I agree to pay all charges involved under the terms and conditions of Equivet Australia (Wilson's Equine Veterinary Services).

Signed _____

Print Name _____

Dated this _____ Day of _____ in the Year _____