



Dr Madalen Baltussen
BSc BVMS MANZCVS

106 Macquarie St
Merewether NSW 2291

Ph/Fax: 02 49632692
Mobile: 0417880517 / 0407446186
Email: info@hunterequinevet.com.au
ABN: 31 169 559 737

CONSENT TO PERFORM A CASTRATION

Please fill in the required fields as marked *

I _____ of _____

Being the owner/agent of the below named horse and a person over the age of eighteen years, hereby authorise Hunter Equine Vet and registered Veterinarian _____

to castrate the horse as described below.

I acknowledge that the horse named below **is/is not** currently insured.

I confirm that the insurance company or its agent (insert name of company/agent) _____ has been notified of this procedure.

HORSE

*HORSE NAME/DAM'S NAME AND COLT'S YEAR OF BIRTH: _____

*BRANDS: _____

*BREED: _____

*COLOUR: _____

*AGE / DOB: _____

*MICROCHIP: _____

In consideration of the said Veterinarian providing the requisite treatment, I hereby agree to pay the prescribed fees and further free to indemnify him/her, his/her servants or agents, from loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

I/We acknowledge that no surgical, medical or anaesthetic treatment is without risk to the horse

I/We acknowledge that Hunter Equine Vet 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.

SIGNED: _____

DATE _____

WITNESS: _____