



AGNES BANKS EQUINE CLINIC PTY. LTD.

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AGNES BANKS NSW 2753

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24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District

Anaesthesia and Surgery of Horses

Your horse is to have an anaesthetic and / or a surgical procedure. Every such procedure carries some risk, and horses by their nature pose some special risks. While the vast majority of cases are uneventful and result in a satisfactory outcome, it is important to be aware of possible complications. These include, but are not limited to;

- *Adverse anaesthetic reactions.*
- *Limb fracture and injury during anaesthetic induction and recovery.*
- *Post – operative infections, colitis, laminitis and colic.*

Some of these complications can result in death or require euthanasia, and the results of any surgery cannot be guaranteed. Nevertheless, it has been assessed that the benefits outweigh the risks, and we are well equipped and skilled to minimize such risks. Please feel free to discuss further any concerns you may have.

Consent to Perform Veterinary Surgery

I _____, of (Address): _____
_____ State: _____ Postcode: _____ Contact Number: _____

Being a person over the age of twenty one (21) years, hereby authorise Agnes Banks Equine Clinic, to administer to the animal described below a suitable anesthetic and to perform surgery on the animal.

Animal's name: _____

Species: EQUINE Breed: _____ Colour: _____

Sex _____ Age _____ Brands: L: _____ R: _____ Other: _____

Microchip Number: _____

Surgery to be performed: _____

Declaration

- I am the owner of the above-named patient.
- The owner of the above-named patient is (Owners Name) _____
of (Owners Address): _____
_____ State: _____ Postcode: _____ Contact Number: _____

And I am authorized (agent) by the said owner to present the said patient for surgery as detailed above.

Agents Details: I _____ of (Address): _____
_____ State: _____ Postcode: _____ Contact Number: _____

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

Signed: _____ Name: _____ Date: _____

Witness: _____ Name: _____ Date: _____

- Cross out which does not apply.

ALL CORRESPONDENCE TO: PO BOX 419, RICHMOND NSW. 2753. AUSTRALIA