



CONSENT FOR VETERINARY TREATMENT

Please fill in required fields as marked * After filling in form deliver or email to:
info@avenelequinehospital.com.au

ADMISSION DETAILS

OWNER

* NAME: _____

* ADDRESS: _____

* CONTACT NUMBER: _____

* EMAIL: _____

* INSURANCE: ☐ YES COMPANY: _____

* STUD/STABLE: _____

* PREFERRED COMMUNICATION METHOD: ☐ PHONE ☐ SMS ☐ EMAIL

* TETANUS VACC: ☐ YES ☐ NO DATE: _____

* HENDRA VACC: ☐ YES ☐ NO DATE: _____

DATE: _____

HORSE

* NAME: _____

SIRE: _____

DAM: _____

* DOB / YEAR: _____ * SEX: _____

COLOUR: _____ * BRANDS: _____

BREED: _____ DISCIPLINE: _____

* MICROCHIP: _____

REFERRAL VET: _____

* PROCEDURE REQUESTED: _____

ESTIMATED PROCEDURE COST: \$ _____

ESTIMATED POST-OP / ICU COST: \$ _____

HISTORY / PREVIOUS DIAGNOSTICS / REASON FOR REFERRAL

MEDICATION: DAY OF ADMISSION

DRUG	DOSE	DOSE FREQUENCY

CONSENT DETAILS

I/We give consent for the above-described horse to have the above procedure undertaken by Avenel Equine Hospital.

I/We authorise Avenel Equine Hospital to administer veterinary treatment, nursing care and all diagnostic tests associated in the care of the horse, and any accompanying horse (mare, foal, companion) as deemed necessary by the attending veterinarian.

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

I/We acknowledge that Avenel Equine Hospital has provided information regarding these risks on its website www.avenelequinehospital.com.au/risk-information

I/We understand the risks and have discussed any concerns with the veterinarian treating the horse.

I/We acknowledge and accept the AEH Terms & Conditions which are provided on its website www.avenelequinehospital.com.au/terms-and-conditions

I/We accept the estimated cost given for treatment and agree to pay all charges incurred on discharge of the horse.

I/We acknowledge complications may develop because of the procedure(s), which may incur additional fees.

I/We acknowledge that by continuing to instruct Avenel Equine Hospital, I/We accept these costs. As owner I agree to pay all charges incurred on discharge of my animal. Or, in case of dispute, I as agent agree to pay these costs.

I/We understand that veterinary data obtained while my horse is under veterinary care may be used for future scientific publications while ensuring that client confidentiality will be maintained.

I/We understand that de-identified veterinary data, obtained while the horse is under veterinary care may be used for future scientific publications.

I/We understand that treatment of the horse may involve the use of drugs that are not specifically registered for horses.

I/We accept that the veterinarian has the legal authority to prescribe drugs for off-label use www.dpi.nsw.gov.au/agriculture/chemicals/animal-chemicals/stock-medicine and consent to their use for the horse, as deemed appropriate by the veterinarian treating the horse.

I/We understand that clinical procedures undertaken on the horse & veterinary records related to the horse may be used for teaching purposes.

* Signed: (OWNER / AGENT) _____

* DATE _____

VERBAL CONSENT / AUTHORISATION ON BEHALF OF _____

* NOTE: NO SURGICAL PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE