

Veterinary Surgeons

Greg Nash BVSc MACVSc MRCVS
Leanne Begg BVSc Dip VCS MS MACVSc Dip ACVIM
Jonathan Lumsden BVSc Dip VCS MS Dip ACVS
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Richard Humberstone BVSc Cert EP MRCVS
Chris O'Sullivan BVSc MS Dip VCS MACVSc Dip ACVS
Ben Ahern BVSc MACVSc Dip ACVS Dip ACVSMR
Joe Bruyn BVSc
Rachel Lambeth BVSc Dip VCS MVCS
Ruth Franklin BVet Med MRCVS
Rachel Salz BVSc (Hons) BVetMed MRCVS
Victoria Locke MA VetMB MRCVS
Ilona Bayliss MA VetMB MRCVS
Christopher Elliott BVSc (Hons) MRCVS
Ramon Perez DVM



Est 1951 DR P Sykes MRCVS AM
RANDWICK EQUINE CENTRE

Veterinarians • Equine Medicine & Surgery

Ilona Bayliss MA VetMB MRCVS
Ramon Perez DVM
Christopher Elliott BVSc (Hons) MRCVS
Josephine Faulkner MA VetMB MRCVS
Georgina Johnston BVetMed MRCVS
Josh Davison BVetMed MRCVS
James Mizzi BVet Bio BVSc (Hons)
Caitlin Manning BS DVM

Resident Consultants

D R Hutchins OAM BVSc FACVSc
Treve Williams BVSc MRCVS
Colin Dunlop BVSc Dip ACVA

EXERCISING UPPER AIRWAY VIDEOENDOSCOPY PROCEDURE CONSENT FORM

OWNER/AGENT:	HORSE'S NAME:
ADDRESS:	AGE: COLOUR:
	BREED:
	SIRE:
	DAM:
	MICROCHIP No:
TELEPHONE #:	Male/Female/Gelding:
FAX #:	Brand Near Side:
MOBILE #:	Brand Off Side:

Estimated cost of procedure is \$880 excluding any other diagnostic or treatment costs

I authorise **The Randwick Equine Centre** to undertake a dynamic upper airway video-endoscopic examination on the above horse to be performed during ridden/driven exercise.

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.

I acknowledge that no diagnostic procedure is without some risk to the animal and that this procedure involves the horse exercising with an endoscope positioned in its upper airway and wearing a saddle cloth containing recording equipment, which may be associated with increased risk of injury. I accept that this procedure involves the horse exercising at levels and speeds comparable to that experienced during racing or a strenuous training session. I acknowledge that strenuous exercise may from time to time result in musculoskeletal or other injury and that the horse is at a suitable level of fitness to undertake such exercise. I accept all potential risks including any complications that may develop as a result of this diagnostic procedure and accept that such complications may incur additional fees. If the horse is insured I acknowledge I am aware that I am required to inform the insurance company prior to the above procedure if my policy so requires.

I undertake to settle all costs incurred in undertaking this procedure and acknowledge that unless I have an approved existing established credit account I must make a deposit of 50% of the estimated costs of the procedure prior to it being performed and that the balance of the account is settled at completion of the procedure.

SIGNED:.....DATED:.....
(OWNER/AGENT)