

Veterinary Surgeons

Greg Nash BVSc MACVSc MRCVS
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Rachel Salz BSc (Hons) BVetMed MRCVS
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Est 1951 DR P Sykes MRCVS AM
RANDWICK EQUINE CENTRE

Veterinarians • Equine Medicine & Surgery
GELDING CONSENT FORM

Ilona Bayliss MA VetMB MRCVS
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Caitlin Manring BS DVM
Jemma Hayman BSc BVMS

Resident Consultants

D R Hutchins BVSc Hon.DVSc FANZCVS OAM
Trevie Williams BVSc MRCVS
Colin Dunlop BVSc Dip ACVA

OWNER/AGENT:	HORSE'S NAME:	
ADDRESS:	AGE:	COLOUR:
	BREED:	
	SIRE:	
LOCATION OF HORSE:	DAM:	
	MICROCHIP No:	
TELEPHONE :	BRANDS:	
FAX :	Near Side:	
MOBILE :	Off Side:	

I ACKNOWLEDGE THAT NO SURGICAL OR ANAESTHETIC PROCEDURE IS WITHOUT SOME RISK TO THE ANIMAL AND, HAVING BEEN MADE AWARE OF THESE RISKS, I GIVE MY CONSENT FOR SURGICAL/ANAESTHETIC PROCEDURE TO BE PERFORMED ON MY ANIMAL

I (OWNER/AGENT) HEREBY GIVE PERMISSION FOR THE ABOVE-MENTIONED HORSE TO BE GELDED.

I CONFIRM THAT THE **INSURANCE COMPANY** HAS BEEN NOTIFIED AND THE APPROPRIATE AUTHORITY GIVEN.

I SHALL SETTLE ALL CHARGES INCURRED ON DISCHARGE OF MY ANIMAL, INCLUDING THOSE ASSOCIATED WITH LIVERY. I ACKNOWLEDGE THAT UNLESS I HAVE AN EXISTING ESTABLISHED CREDIT ACCOUNT I WILL MAKE A DEPOSIT OF 50% OF THE ESTIMATED COST OF TREATMENT BEFORE THE PROCEDURE IS PERFORMED AND THAT THE BALANCE OF THE ACCOUNT IS SETTLED AT THE TIME OF DISCHARGE.

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