



Please fill in the required fields as marked* - deliver or send to: info@gvequine.com.au

Equine Procedure Admission and Consent Details

*Owner Name:

*Address:

Phone: *Mobile:

*Email:

*Trainer/Agent Name:

*Phone:

*Horse Name:

*Breed: *Colour:

*Age/DOB: *Sex:

Microchip/Brands:

Insurance: Yes No Details:

Tetanus Vacc : Yes No

I/We give consent for my horse to be admitted to Goulburn Valley Equine Hospital

I/We understand that there is some risk associated with any surgical or anaesthetic procedure despite all precautions taken to minimise such risk.

I/We have been given an estimation of the total cost, however understand that this may vary in some circumstances. I/We agree to pay the invoice in full at the time of discharge.

I/We give permission for GVEH to take photos of my animal. I understand that the images may be used in print publications, online publications and on social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

I/We _____ (Owner/Agent) authorise Goulburn Valley Equine Hospital to administer treat, care, and diagnostic tests associated with the care of my animal.

Signature of Owner/Agent

Date: _____

Verbal Consent on behalf of Owner/Agent