



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