

## CONSENT FOR GENERAL ANAESTHESIA AND SURGERY

Please fill in fields as marked \*

Date:

### ADMISSION DETAILS

#### OWNER

Name:

Address:

Phone:

Mobile:

Email:

Insurance:

Stud/Stable:

Preferred  
Communication Method

Tetanus Vacc: ☐ Yes ☐ No Date:

Hendra Vacc: ☐ Yes ☐ No Date:

#### HORSE

Name:

Breed:

Sex:

DOB/Year:

Colour:

Microchip:

Procedure/Treatment:

Initial Estimate Range:

Estimated Duration of  
Hospitalization

### ACCEPTANCE OF RISK

I give consent for the above-described horse to have the procedure proposed under general anaesthesia or standing sedation. I authorise Willinga Vet Services Pty Limited (WVS) to administer veterinary treatment, nursing care and all diagnostic tests associated with the care of the horse, as deemed necessary by the attending veterinarian.

I acknowledge that no surgical, medical or anaesthetic treatment is without risk to the horse. Sedatives and anaesthetics may cause unexpected reactions in horses.

- Risks associated with general anaesthesia include but are not limited to: fractured bones during recovery, neuromuscular disorders, muscle damage, catheter-site complications, eye trauma, pneumonia, and death.
- Risks associated with surgery include but are not limited to: infection, haemorrhage, pain, wound dehiscence, diarrhea, colic, fracture, laminitis.

Initials \_\_\_\_\_

I have had the opportunity to discuss the procedure proposed, including complications, post-operative treatment and prognosis. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed surgery and that I have been given sufficient time and information to make an informed decision. I agree to indemnify the attending veterinarians, their assistants, employees and agents for any loss or liability that they may incur as a result of any inaccuracy or complications, whether intended or otherwise, arising from the information provided by me in this consent form.

Initials \_\_\_\_\_

### PAYMENT OF COSTS

I have been provided with an estimate of the veterinary and associated fees relevant to the proposed procedure to which I am consenting. I understand that, if possible, the veterinary surgeon will attempt to inform me if the proposed fees are likely to exceed that estimate. I agree to pay all charges incurred in relation to the animal, the procedure and any pre and post operative care. I accept the risks and consent to the procedure and have read and understand the above terms and conditions and the WVS Terms and Conditions at [willingapark.com.au/vet-hospital/admission-and-other-forms](http://willingapark.com.au/vet-hospital/admission-and-other-forms) and agree to abide by them.

\* **Signed (Owner/Authorised Agent):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Note: no surgical procedures will take place without a consent signature. If signed by an agent of the owner, the agent warrants that he or she has full authority from the owner to provide the consent and the information contained in this form.