

CONSENT FOR VETERINARY TREATMENT

Please fill in fields as marked *

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:

Sex:

DOB/Year:

Colour:

Microchip:

Procedure/Treatment:

Initial Estimate Range:

Estimated Duration of
Hospitalization

History/Reason for Referral:

Current or Recent Medications:

ACCEPTANCE OF RISK

I have had the opportunity to discuss the procedure proposed, including 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 treatment 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 and agree to abide by them.

* **Signed (Owner/Authorised Agent):** _____ **Date:** _____

* *Note: 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.*