

**Dr Brianna Vandyke** BVBio/BVSc (Hons) Mon-Fri 8am-5pm **(02)63 414 010** 

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## **Equine Treatment Consent Form**

C	Owner:	Horse:
A	Address:	Age:
		Colour:
		Breed: Sex:
T	Cmail:	Brands: (NS) (OS)
	Celephone:	Microchip:
D	Date of horse's last tetanus vaccination:	
I acknow	onfirm that I have notified the insurance of the insuranc	s authority of the owner to authorise the above procedure. ance company that this procedure will be undertaken. rised me of the possible risks and complications of this sedation/general anaesthesia when applicable.
I acknow	onfirm that I have notified the insurance of the insuranc	rised me of the possible risks and complications of this sedation/general anaesthesia when applicable.
I co I acknow understa	onfirm that the above veterinary practice has adverged procedure/treatment, including the risk of sweldge that I have read the above and understood and that the treatment/procedure may involve some be performed.	ance company that this procedure will be undertaken.  rised me of the possible risks and complications of this sedation/general anaesthesia when applicable.  d the nature and consequences of the procedure/treatment. The risk and I give my consent for the treatment/procedure to the procedure of the procedure.