Consent to Perform Castration

I _____ of _____,

Being a person over the age of eighteen years, hereby authorise a registered Veterinary Surgeon employed by *Scenic Rim Veterinary Service Pty Ltd* to administer a suitable anaesthetic, and to perform castration surgery on the animal described below. I acknowledge that no surgical or anaesthetic procedure is without some risk and that possible complications include general anaesthetic dangers, and that post surgical complications including but not limited to haemorrhage (bleeding), eventration (omentum or intestines prolapsing out of the castration wound, infrequent but life threatening) and infection (serious infection can be destructive and expensive). I acknowledge that post-operative care may be required and will be undertaken as deemed necessary by the attending veterinarian.

I request (please specify, or phone the clinic to speak to a vet if you have queries)

☐ Open Castration – Regular castration performed in the field environment with the horse under general anaesthetic using Crushing or Henderson emasculators. No suture material is used to close the tunic or skin (as adequate drainage and the absence of suture material reduces the risk of post surgical infection).

☐ Castration with Primary Closure – Castration can be performed under general anaesthetic in aseptic conditions in the **SRVS surgical facility**, with primary closure of the tunic and skin with suture material. This operation significantly reduces the chances of the post surgical complications listed above, but it is also significantly more time consuming and expensive.

Animal Name _____ **Colour** _____

Age _____ **Species** _____ **Breed** _____

Branded: Left _____ **Right** _____

Up To Date With Tetanus? YES / NO **Hendra Vaccinated?** YES / NO

Owners Name and Address _____

Phone _____ **Fax** _____

Insurance Company Name _____

Phone _____ **Fax** _____

Declaration

I undertake to pay all costs incurred in this procedure, including those associated with hospitalisation/agistment. I agree to your trading terms of payment at the time of discharge (unless other terms have been arranged prior to surgery). If a delayed payment plan is negotiated, I agree to pay all outstanding costs associated with any account within 30 days. I agree that I will be liable for all costs associated with the recovery of any outstanding invoices. Such costs include all Debt Collection, at the agreed rate of 28% plus GST, and Legal Costs at the rate charged by the Legal Practitioner or Court. I will also be liable for interest pursuant to the provisions of the Queensland Supreme Court Act 1947, currently set at 10% per annum (calculated daily). Scenic Rim Veterinary Service Pty Ltd also reserves the right to charge a penalty of $50.00 for unpaid, returned or recalled direct debits or Unpaid, returned or recalled cheques. Scenic Rim Veterinary Service Pty Ltd is incorporated in the State of Queensland, as such, all monies will be owing to this company, in this State. This agreement shall be governed and construed in accordance with the laws in force in the State of Queensland and the parties submit to the jurisdiction of the courts of Queensland.

I agree to indemnify the attending veterinarian, his servants and agents for any loss or liability that they may incur as a result of any inaccurate information provided on this consent form, whether intended or otherwise.

☐ I am the owner of the above named patient
☐ The owner of the above named patient is _____ of _____ and I am authorised by said owner to present the patient for surgery as detailed above. (If signed by an agent of the owner, the agent warrants that he/she has fully authority from the owner to provide the consent and the information contained in this Consent Form.

If the animal is insured, I have informed and gained consent from the above animal's insurance policy provider to present it for surgery as detailed above.

(Signed)_____ (Date) _____

(Witness) _____

OFFICE USE ONLY			
	mls	AM	PM
Propercillin			
Gentam			
Bute			
Tetanus	T	TAT	N/A