

---

## CONSENT FOR SURGERY AND ANESTHESIA

I am the owner or agent of \_\_\_\_\_ (horse's name) and have the authority to execute consent for the surgical/medical procedure known as \_\_\_\_\_  
\_\_\_\_\_ (name of procedure/operation).

The reasons why this operation/procedure is necessary, its advantages, possible complications, and possible alternative modes of treatment have been discussed with me. With full understanding of the above, the undersigned owner/agent authorizes \_\_\_\_\_ (name of veterinarian) to perform, under any anesthetic deemed advisable, said operation/procedure. I understand that further procedures may be therapeutically necessary based on findings during the operation/procedure, I consent to those procedures, their additional cost, and any unexpected lifesaving emergency care deemed necessary by the attending veterinarian.

I understand that risks and potential complications exist with anesthesia and surgery. These include, but are not limited to:

- abnormal reaction to anesthetic agents, self-inflicted injury during anesthesia recovery (i.e., fractured legs, head trauma), muscle and nerve damage, dehiscence of incision, colic, post-operative infection, equipment failure, and death.
- Surgically removed tissues may be processed at additional costs to establish an accurate diagnosis.

If applicable, the insurance company has been notified and permission to proceed was received on \_\_\_\_\_ (date).

I acknowledge and understand that the procedure, its consequences, and subsequent risks have been explained to me, and I have addressed any questions or concerns I may have. I also realize that results cannot be guaranteed.

The estimate charges for the above mentioned procedure is \$\_\_\_\_\_, charges may vary depending on the findings and diagnostics. Full payment is due at the time of discharge.

I have read this agreement, "Consent for Surgery and Anesthesia," and fully understand its terms. I intend my signature to be an authorization for surgery and complete liability release to Paddock Equine Veterinary Services, PA.

\_\_\_\_\_  
(Owner/Agent of animal)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Witness/Attending Clinician)

Date: \_\_\_\_\_