

ADMISSION FORM

Name of Horse :

Name of Owner:

Address:.....
.....
.....Post Code.....

Telephone Numbers: Home:.....
Work:.....
Mobile.....

Breed.....
Name.....
Colour.....Age.....Sex.....
Date of Last Tetanus Vaccination:.....
Special dietary requests e.g. soaked hay?.....

Belongings/Further information
.....
.....

**FORM OF CONSENT
For Anaesthesia and Surgical Procedures**

Operation:.....

I hereby give permission for the administration of an anaesthetic to the above animal and to the surgical operation detailed on this form, together with any other procedures which might prove necessary. The nature of these procedures and of other such procedures as might prove necessary have been explained to me and I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal. I understand that while the animal described above is under the care of this veterinary practice there may be occasions when it will be necessary to use authorised human or veterinary medicines (or specially prepared unauthorised medicines or medicines imported from another country under the Special Treatment Authorisation) not authorised for use in equines or which are authorised for use in this species but not for the particular condition for which the treatment will be given. I have been made aware that there may be known or unknown side-effects associated with the use of these drugs and in giving permission for their use accept any attendant risks. I have notified/will notify the insurers concerning the procedures planned for this animal. I am over 18 years of age.

**I agree to pay in full on collection of the horse/pony
Method of Payment:Cheque / Credit Card / Cash (Please delete as required)**

Signature of member of staff:..... Date:
Signature of owner or agent:..... Date.....
Name in capitals:.....
Relationship to owner.....