



Surgery Consent Form

I, _____, am the owner or agent for the owner of the following:
_____ (patient name) and I have the authority to execute this
consent for First Equine Veterinary Services to perform the following procedure(s) on my horse:
_____.

I understand that by signing this, I am aware of the certain risks and complications associated with any operation or procedure of this type, as they have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I will in no way hold First Equine Veterinary Services or their staff or representatives responsible for any complications arising from anesthesia or the surgery.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

Patient Name: _____

Owner/Agent Name: _____ Date: _____

Owner/Agent Signature: _____ Date: _____