



Dr. Ross Wallace  
BSc BVMS MACVSc

Dr. Philippa Wallace  
BSc BVMS (Hons)

92 Fishermans Road, West Coolup WA  
All correspondence to: PO Box 509, Pinjarra, WA 6208  
Phone: (08) 9530 3751 | Email: murray.vets@bigpond.com

## Consent to Perform Castration

I \_\_\_\_\_ of \_\_\_\_\_,

Being a person over the age of eighteen years, hereby authorise a registered Veterinary Surgeon employed by (MVS) Trading as Murray Veterinary Services PTY LTD ABN 41135603664 to administer a suitable anaesthetic, and to perform castration surgery on the animal described below. I understand that possible complications include general anaesthetic dangers, and that post surgical complications including 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).

Animal Name \_\_\_\_\_ Colour \_\_\_\_\_

Age \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Branded: Left \_\_\_\_\_ Right \_\_\_\_\_

- **Is the above described horse insured: Yes / No**  
Insurance Company name \_\_\_\_\_
- **Has the above described horse had a vaccination booster in the last 12 months: Yes / No**  
\*If vaccination status is not current booster vaccination may be given at the veterinarian's discretion.
- **Has the horse been administered any medication in the last 7 days: Yes / No**  
If yes please list Medication and time last administered \_\_\_\_\_

### Declaration

- 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.

I certify that if I am signing as agent, I have the authority to sign this consent. 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. In consideration of the present Veterinary surgeon providing this service, I hereby agree to pay them the prescribed fees (within 14 days of Monthly Statement). We reserve the right to charge any fees and charges associated with any overdue payments including legal fees on a full and indemnity basis. I further agree to indemnify MVS, its servants or agents from any loss or liability which they may incur as a result of any error, omission, false representation or inaccuracy whether intended or otherwise in this my declaration.

( Signed ) \_\_\_\_\_ ( Witness ) \_\_\_\_\_

( Date ) \_\_\_\_\_