

Consent to Perform Castration

I _____ of _____ ,

Contact phone number: _____

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 _____

Age _____ Colour _____ 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) _____

Payment Options

Please select one of the following options (please tick)

1. ☐ **Cheque/cash/direct deposit to bank account**

- Payment to be **made in full** at time of invoicing or at time of discharge of horse from hospital

2. ☐ **Credit card payment**

- By providing credit card details I allow Murray Veterinary Services to process my **payment in full** at time of invoicing or at discharge of horse from Murray Veterinary Services

Credit Card details Visa / Mastercard

Card Name: _____

Card Number: _____

Expiry Date: _____ / _____

Cvv: _____

3. ☐ **6 Month interest Free credit terms to pay the account off in instalments**

If payment cannot be made in full at the time of invoicing or discharge from hospital then credit may be applied for. Credit provided by Zip pay or Zip Money

Transfer your outstanding invoice balance to Zip Pay or Zip Money for an easy and convenient way to pay off your account Choose from either weekly, fortnightly or monthly repayments

For invoices under \$1000 Use Zip pay, there is no establishment fee and minimum monthly repayments \$40. This account is completely interest free.

For accounts over \$ 1000 use Zip Money. An establishment fee applies and minimum monthly repayments will vary with account balance. Interest will be charged after the initial 6month interest free period on any remaining balance

For Terms and conditions or more information visit www.zip.co/help

By signing below, I agree to Murray Veterinary Services Payment and Credit terms and agree to pay the account in full on receipt of invoice or discharge of my animal from Murray Veterinary Services or transfer the account balance to the credit facility provided by Zip Pay Zip Money

Name: _____ Signature: _____ Date: _____