Murray Veterinary SERVICES
ABN 41 135 603 664

Dr. Ross Wallace
BSc BVMS MACVSc

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Consent to Provide Treatment

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 provide veterinary treatment and administer appropriate medication to the animal described below for:

PROCEDURE: _____

Animal Name _____ Colour _____

Age _____ Sex _____ 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 _____
  _____

Estimation of cost _____ This is an estimation at the time of admission and may vary

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 treatment 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) _____