

Crockett Veterinary Hospital

Dan Lee Craven, DVM
Michael Allen, DVM
Tamera Schneider, DVM
2100 East Houston Ave.
Crockett, Tx 75835

Standard Equine Consent Form

Owner's Name _____

Address: _____

Patient's Name: _____ Breed: _____ Sex: _____ Age: _____

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize any doctor employed by Crockett Veterinary Hospital to perform the following procedures:

_____ **Castration** _____ **GENERAL SURGERY** _____ **Rectal Examination**

Complications include:

- Anesthetic related death**
- Excessive local swelling**
- Local infection**
- Clostridial infection** -- may lead to death
- Scirrhus Cord**- infected cord
- Evisceration** - intestine comes through inguinal ring (castration only)-- usually happens within 6 hours of procedure. This is a surgical emergency to save the life of the horse
- Rectal tear** - risk when entering the rectum of a horse for exam; palpation, and/or ultrasound - surgical emergency

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. 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 authorize the use of appropriate anesthesia and pain medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signed: _____ Date: _____