



Tweedie & Associates
EQUINE VETERINARY SERVICES

Castration Authority

Owner/Agent:	Horse:
Address:	Age:
.....	Colour:
.....	Breed:
.....	Sire:
.....	Dam:
Telephone / Mobile:	Microchip Number:
Fax:	Nearside Brand:
Email:	Off Side Brand:

I.....authorise Tweedie & Associates Equine Veterinary Services to administer a sedative and local anaesthetic or a general anaesthetic to the above named horse for the purpose of gelding the named horse as deemed appropriate by the attending veterinary surgeon. If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure. I confirm that I have notified the insurance company of this pending procedure will be undertaken. I acknowledge that no surgical procedure is without risk to the animal. I accept all potential surgical and anaesthetic risks including any complications that may develop as a result of this procedure. Some of the common problems associated with this procedure include:

- Bleeding post surgery
- Post surgical infection
- Anaesthetic injury or death.
- Eventration of the intestines through the surgical wound.

I acknowledge that I have been made aware of these risks. I acknowledge that post operative care may be required and will be undertaken as deemed necessary by the attending veterinary surgeon. I undertake to pay all costs associated with this procedure including those associated with livery.

Signature of Owner/Agent

Date:

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