



AGNES BANKS EQUINE CLINIC

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Australia

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24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District

Lauren Groom BVSc (Hons) MS DACVS-LA
Christine Smith DVM Dip ACVS
Registered Specialist in Equine Surgery
Laura Lee BVSc MS Dip ACVIM
Registered Specialist in Internal Medicine

Ian A. Duckworth BVSc
Derek A. Major BVSc MACVSc
Jenny Watts BVSc (Hons1)
Alexis Clark BSc (Hons) BVM&S BAEDT MRCVS
Marnie Treseder BVSc
Mark Wiggett BAnSc BSc (Hons) BVSc MRCVS

Visiting Registered Specialist in Equine Surgery
Nicholas Kannegieter BVSc Dip Vet Clin. Stud PhD
Hadley Wilsallen BVSc MANZCVSc DACVS-LA

ANAESTHESIA AND SURGERY OF HORSES

Your horse is to have an anaesthetic and / or a surgical procedure. Every such procedure carries some risk, and horses by their nature pose some special risks. While the vast majority of cases are uneventful and result in a satisfactory outcome, it is important to be aware of possible complications. These include, but are not limited to;

- *Adverse anaesthetic reactions.*
- *Limb fracture and injury during anaesthetic induction and recovery.*
- *Post – operative infections, colitis, laminitis and colic.*

Some of these complications can result in death or require euthanasia, and the results of any surgery cannot be guaranteed. Nevertheless, it has been assessed that the benefits outweigh the risks, and we are well equipped and skilled to minimize such risks. Please feel free to discuss further any concerns you may have.

AUSTRALIAN VETERINARY ASSOCIATION - CONSENT TO PERFORM VETERINARY SURGERY

I.....Of

being a person over the age of twenty one years, hereby authorise Agnes Banks Equine Clinic, to administer to the animal described below a suitable anaesthetic and to perform on the animal.

Surgery for Estimate:.....

Species: EQUINE Breed:

Sex Age Name

Brand Microchip:

DECLARATION

- I am the owner of the above-named patient.
- The owner of the above-named patient is

of, and I am authorised by the said owner to present the said patient for surgery as detailed above.

In consideration of the said Veterinary Surgeon providing the requisite treatment, I hereby agree to pay to him the prescribed fees and I further agree to indemnify him, his servants or agents, from any loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this my declaration.

(Signed):

- Cross out which does not apply.

(Witness):

(Date):

