ANESTHESIA CONSENT FORM

Align Equine VETERINARY SERVICES

Owner/Client: _____ Phone Number: _____

Mailing Address: _____ Farm Address: _____

Name of Animal: _____

Breed: _____ Colour: _____ Gender: _____ Age: _____

Insured: YES / NO Company_____ Policy Number: _____

Procedure: _____

My request and consent for the procedure described above is the result of discussions with my veterinarian. I understand the risks, I have had the opportunity to ask questions, and they have been answered to my satisfaction. I acknowledge that I am the owner/authorized agent of the horse identified above. I authorize and consent to field anesthesia being performed upon my horse using the methods determined to be necessary by the responsible veterinarian. This includes, but is not limited to, the administration of local and epidural regional anesthetics, and intravenous general anesthetics.

I understand that the practice of medicine is not an exact science. No guarantees or promises can be made to me concerning the result of any procedure or treatment. I understand that, as with any medical procedure, there is always the possibility of unexpected complications associated with field anesthesia. These include, but are not limited to, reaction to anesthetic agents, self-inflicted injury during anesthesia induction/recovery (i.e., fractured legs, head trauma), muscle and nerve damage, dehiscence of incision, colic, excessive bleeding, post-operative infection, equipment failure, and death.

I acknowledge and understand that the procedure, its consequences, and subsequent risks have been explained to me, and I have addressed any questions or concerns I may have. I, the undersigned, certify that I am the owner (or authorized agent for the owner) of the above stated animal and I consent to allow field anesthesia and the above named procedure to be performed on said animal. To the best of my knowledge and belief this animal has been healthy and there are no reasons that this animal should not be anesthetized. I give the veterinarian(s) and staff of Align Equine Veterinary Services (AEVS) full and complete authority to perform field anesthesia on said animal.

I understand that as owner of above animal I am responsible for following the provided aftercare instructions. By agreeing to perform this procedure Align Equine Veterinary Services agrees to be available to answer phone calls or emails in regards to questions or concerns related to this procedure in a timely manner.

Additional Requests: _____

Signature of Owner/Agent _____

Date: _____

Signature of Veterinarian _____

Date: _____