



Daniel Equine Services LLC
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Consent for Surgery

Thank you for choosing Daniel Equine Services for your horses' surgery. We strive to provide excellent care for your horse. Please take this time to complete the consent for surgery form.

Name of Horse:	
Breed:	Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Color:	Age/D.O.B
Owner:	Phone number:

I am the owner or agent for the above described animal and have authority to execute consent for the surgical/medical procedure known as:

Name of Procedure: _____

The reasons why this operation/procedure is necessary, its advantages, possible complications, and possible alternative modes of treatment have been discussed with me. With full understanding of the above, the undersigned owner/agent authorizes Dr. Daniel to perform, under any anesthetic deemed advisable, said operation/procedure. I understand that further procedures may be therapeutically necessary based on findings during the procedure, I consent to these procedures, their additional cost, and any unexpected lifesaving emergency care deemed necessary by the attending veterinarian.

I understand that risks and potential complications exist with anesthesia and surgery. These include but are not limited to: abnormal reaction to anesthetic agents, self inflicted injury during anesthetic recovery, muscle and nerve damage, dehiscence of incision, colic, 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 have. I also realize that results cannot be guaranteed.

If applicable the insurance company has been notified and permission to proceed was received on _____ (date).

I have read and understand this authorization and consent.

Owner/Agent Signature:

Owner/Agent Name: (Printed)

Date:
