



# Dr. Danielle Fritz. DVM. Inc.



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## Consent for Reproductive Services

**Please read the following statements and consents regarding your horse/pony before it is treated by Dr. Danielle Fritz and Dr. Kaitlin McDonald. Also read your financial obligation as the result of the veterinary treatment. If you have any questions, please have these clarified before your animal is examined.**

I authorize Dr. Danielle Fritz and Dr. Kaitlin McDonald to perform reproductive and diagnostic procedures on (Horses Name) \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Colour: \_\_\_\_\_ as required for diagnosis, treatment, and breeding. I understand that I can refuse or terminate procedures at any time by contacting Dr. Fritz or Dr. McDonald. Emergency procedures may be needed in life saving situations and may be carried out before I am contacted. I also understand I must instruct the veterinarian if there are any financial or medical limitations to emergency care.

As owner or authorized agent of the patient, I authorize Dr. Fritz and Dr. McDonald to administer agreed on diagnostic, reproductive, and medical treatment procedures and emergency treatment as considered necessary. I understand that it is my responsibility to inform the Dr. Fritz or Dr. McDonald about any treatment or diagnostic test that I do not want my animal to receive. In the event that I sell this animal to another owner, I authorize the release of medical information to the new owner.

I hereby acknowledge that I have read the above and understand the cited risks of breeding, including but not limited to uterine infection due to AI, rectal tearing from rectal palpation which would result in death, conception of twins, early embryo loss, potential drug reaction and side effects and death. Dr. Fritz or Dr. McDonald have explained the risks of the specific treatment for breeding and diagnostic procedures, which has allowed me to give my informed consent. I also understand that no guarantee or assurance can be made to me that my mare will become pregnant and maintain her pregnancy as a result of breeding.

As agent or owner, I understand that the owner is financially responsible to Dr. Danielle Fritz DVM. Inc. for all applicable charges relating to this animal. It is the owner's obligation to inquire about all costs of patient care and to maintain status of financial obligations to Dr. Danielle Fritz DVM. Inc. Payment for breeding is due at the time of ovulation. Late payment charges of 2% per month and other penalties specified may be assessed. Mare's being boarded at Foxstone Stables for reproduction work will require a VISA or Mastercard on file. Payment for board to Foxstone Stables is due prior to the mare's departure.

**Owners Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agents Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Visa or Mastercard #** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_