

CONSENT FOR CASTRATION



Dr. Danielle Fritz. DVM. Inc.



1180 Cherry Point Road, Cowichan Bay
Phone: 250.710.9594 Emergency: 1.800.869.1208

Please read the following statements and consents regarding your horse/pony before it is treated by Dr. Danielle Fritz / Dr. Kaitlin McDonald/ Dr. Katharine White/ Dr. Elizabeth Reddit. 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/ Dr. Kaitlin McDonald/ Dr. Katharine White and Dr. Elizabeth Riddett to intravenously anesthetize and castrate my horse

Horses Name _____ **Breed:** _____ **Age:** _____.

I understand that I can refuse or terminate procedures at any time by contacting Dr. Fritz / Dr. McDonald / Dr. White / Dr. Reddit. 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 / Dr. McDonald/ Dr. White/ Dr. Reddit to administer intravenous anesthetics and surgically castrate my horse/pony. I understand that it is my responsibility to inform the Dr. Fritz / Dr. McDonald/ Dr. White/ Dr. Reddit about any treatment or diagnostic test that I do not want my animal to receive.

I hereby acknowledge that I have read the above and understand the cited risks of castrating my horse/pony, including but not limited to post surgery infection, post surgery hemorrhage (bleeding), post surgery evisceration (intestine coming through castration site), post surgery colic, drug reactions, anesthetic death, and even death during and after the procedure. Dr. Fritz / Dr. McDonald/ Dr. White/ Dr. Reddit have explained the risks of the specific treatment for castrating which has allowed me to give my informed consent.

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. Late payment charges of 2% per month and other penalties specified may be assessed.

Owners Signature: _____ **Name:** _____ **Date:** _____

Agents Signature: _____ **Name:** _____ **Date:** _____

Visa or Mastercard # _____ **Expiry:** _____

Name on Card: _____