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## NORTH QUEENSLAND SPECIALIST EQUINE SERVICE

### CONSENT FORM

**Owner / Agent:**..... **Phone:**.....  
**Address:**.....  
**Horse's name or Sire/Dam:** ..... **Age:**..... **Breed:** .....  
**Colour:** ..... **Sex:**..... **Brands:** Near side: ..... Off side: .....

I acknowledge that no anaesthetic or surgical procedure is without some risk to the animal. I accept all anaesthetic & surgical risks including any complications that may develop as a result of the procedure & acknowledge that these may incur additional fees. I hereby agree to pay for all services, drugs, treatments, anaesthesia, surgery & hospitalisation of my animal. I agree to any emergency treatment deemed necessary by the veterinary surgeon. I understand that before implementation of any procedures not previously discussed contact will be attempted. However, if for any reason contact is not possible, the veterinary surgeon has the authority to proceed at his / her discretion. I further indemnify Townsville Veterinary Clinic & it's staff from any loss or liability they may incur as a result of any inaccuracy whether intended or otherwise in this declaration. I agree that if I fail to collect the animal within 5 days from the date hereof, or such period agreed as required for the treatment of this horse, that the Townsville Veterinary clinic may:- Transfer the animal to the local authority charged with the care of abandoned or stray animals or euthanase the animal. Also, I hereby indemnify Townsville Veterinary Clinic and it's staff against any loss in relation to the horse.

I have read the forgoing and as the owner of the horse or general agent for the owner(s) certify that I fully understand the procedure, associated risks, services to be provided and costs involved and am duly authorised to execute the above & accepts in full the terms & conditions. I assume full financial responsibility for all charges incurred and agree to abide by the financial policy of the Townsville Veterinary Clinic.

I ..... (owner/agent) hereby give permission for the Townsville Veterinary Clinic to perform procedures, diagnostics, treatment, anaesthetic and or surgery on the above-named horse.

Procedure and fee estimate .....

This form is an estimate of the services anticipated in the care of your animal. If costs might exceed this estimate, the Townsville Veterinary Clinic will attempt to notify you prior to initiating treatment. However, if we are unable to contact you, and or the situation is critical to your animal's well being, we will proceed with treatment. Your animal's health is our primary concern.

I confirm that the Insurance Company ..... has been notified and the appropriate authority given.



*Townsville Veterinary Clinic is affiliated with James Cook University (JCU). JCU conducts general disease surveillance of the horse population. Please tick the box on the left if you would like your animal to participate in this program by allowing veterinarians to collect a small blood sample or any unused blood samples collected as part of the examination at TVC.*

**Signed:** .....

**Date:** .....

Ownership by syndicate / company:

I, ..... am the representative of ..... syndicate / company which owns the aforementioned horse and am authorised on behalf of the syndicate / company to arrange the provision of treatment to the horse by Townsville Veterinary Clinic. I undertake for and behalf of myself and the members of the syndicate / company (on a joint & several basis) to pay Townsville Veterinary Clinic for the provision of the treatment of the horse.

**Signed:** .....

**Date:** .....

Please note it is the Townsville Veterinary Clinic policy to request 50% of the estimated fee on the day of the procedure and settlement of the balance owing on discharge of your animal. Any other arrangements must be finalised with our accounts department prior to undertaking the procedure.



## Equine Admission Form

Date: ...../...../.....  
Time: ..... AM/PM

### Signalment

Client/Owner: .....

Address: .....

Phone H: ..... W: .....

M: ..... Email: .....

Animal Name: .....

Breed: ..... Colour: .....

Age: ..... Sex: ..... Pregnant: ..... Weight: .....

Accessories/Equipment? .....

Insured: ..... Brands: NS OS

### Presenting Complaint .....

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### History .....

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### Previous/Current Medication .....

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Feeding: .....

Farriery: ..... Purpose: .....

Vaccinations: Tetanus / Strangles / Herpes/Other When: .....

Worming (Date and Product: .....

Vices: ..... Dentistry: .....

### Clinical Examination

Subjective: .....

.....

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### Objective:

Heart Rate:	Pulse Rate:
Respiratory Rate:	Temperature:
MM Colour:	OMMCRT:
GIT Motility	Gait:
Weight:	Digital Pulse:

Assessment: .....

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Plan: .....

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