

RETAMA EQUINE HOSPITAL, INC.

17555 Old Evans Road
Selma, Texas 78154
210-651-6375 • 210-651-6376 (fax)

CONSENT FORM

To: Retama Equine Hospital, Inc.

Owners Name: _____

Address: _____

Name of Animal: _____

Color: _____ Sex: _____ Age: _____ Breed: _____

I am the owner or agent for the owner of the above named animal and have authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s): _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operations (s) as are necessary and desirable in the exercise of the veterinarians' professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that the hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize the results cannot be guaranteed.

I have read and understand this authorization and consent.

Date: _____ Signature: _____
(Owner or Agent)

Witness: _____