



RUFFORD VETERINARY GROUP LTD,
9 HOLLY LANE, RUFFORD, ORMSKIRK, LANCASHIRE, L40 1SH
TEL: 01704 821204

CONSENT FORM

To be signed by the owner/agent

HORSE NAME:

APPOINTMENT DATE:

PROCEDURE:

1. I agree to entrust to Rufford Veterinary Group the above named horse for investigation, including diagnostic procedures under sedation and such medical or surgical treatment as the veterinary surgeon dealing with the case considers necessary.
2. I understand that, while responsible care and attention will be given to the horse, there may be non-quantifiable risks as a result of the proposed investigation and treatment.
3. I understand that if my animal is hospitalised it will not be continuously monitored but it will be checked at the intervals deemed necessary by our vets.
4. If a general anaesthetic is to be administered there are significant life threatening risks associated with anaesthesia. I understand and accept these risks, which have been explained to me.
5. If unexpected emergency life saving care becomes necessary I hereby authorise Rufford Veterinary Group Ltd staff to carry this out and agree to pay for the cost involved. If, in the opinion of the attending veterinary surgeon, destruction on humane grounds becomes necessary then I consent this. I understand that if I am not contactable on the telephone numbers logged with Rufford Veterinary Group Ltd that this may be necessary without further consultation.
6. I understand that certain useful drugs which are not authorized for horses may be administered in the interest of animal welfare.
7. I agree to be invoiced and to pay Rufford Veterinary Group Ltd all reasonable costs and expenses that may be incurred while the horse is under its care. I understand that if complications arise during investigation and/or treatment then costs may be in excess of any first estimated and I accept to pay such.
8. In the case of an insured and horse, I understand that it is my responsibility to inform the relevant insurance company that the horse has been referred to Rufford Veterinary Group Ltd directly and then to claim fees from the relevant insurance company.
9. I certify that this horse is not intended for human consumption and that its passport has been endorsed to that effect.
10. I have read and understood the above points.

I (print name) confirm that I am the owner/authorized agent signing on behalf of the owner* of the above horse.

Signature: Date:

Owners/agent address:

Contact number:

*Delete as applicable

PLEASE COMPLETE, SIGN AND RETURN TO RUFFORD VETERINARY GROUP LTD RETAINING A COPY FOR YOUR RECORDS
TEL: 01704 821204 FAX: 01704 822902