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### TREATMENT CONSENT FORM

<b>Owner/Agent:</b>	<b>Horse's Name:</b>
<b>Address:</b>	<b>Age:</b>
	<b>Breed:</b>
	<b>Sex:</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Mobile:</b>	<b>Email:</b>

I \_\_\_\_\_ (insert name of **owner/agent**) authorize Southern Illinois Equine Clinic to carry out the following procedure/treatment on the above described horse.

\_\_\_\_\_

\_\_\_\_\_

I confirm that the horse **is/is not** (please circle) insured, if so I have informed the insurance company if required.

I confirm that the above veterinary practice has advised me of the possible risks and complications of this procedure/treatment.

I acknowledge that I have read the above and understood the nature and consequences of the procedure/treatment. I understand that the treatment/procedure may involve some risk and I give my consent for the procedure/treatment to be performed.

I undertake to pay all costs incurred in undertaking this procedure/treatment and payment is due at the time of service.

**Signature of Owner/Agent:** \_\_\_\_\_

**Date:** \_\_\_\_\_