



Robert L. Ball, D.V.M., P.C.
18675 Marbach Lane, San Antonio, TX 78266, 210.651.6202

General Consent Form

Date: _____

I certify that am the owner and/or the authorized agent of the animal(s) presented for exam and/or treatment, and I have the authority to execute this consent. Presentation includes but is not limited to: delivery to the clinic by yourself, delivery to the clinic by a third party, presented at a farm call, or presented at a farm call by a farm/barn representative.

In the event of a pre-purchase exam, you are the authorizing party for that exam and any diagnostic work you request in correspondence to that exam such as/but not limited to bloodwork, radiographs, ultrasounds, endoscopy, etc.

I hereby give Bracken Equine Clinic, their doctors, authorized agents, staff, and/or representative consent and authority to perform procedures and/or operations either requested or indicated to be in the best interest of the horse.

As is our policy at Bracken Equine Clinic, the nature of these operations and/or procedures will be fully explained prior to their execution. I will also be informed of any risks and complications associated with any operation and/or procedure to be executed. I have the right and obligation to make sure that all of my questions have been answered prior to agreeing to any operation and/or procedure. I further understand that during the course of any operation and/or procedure, unforeseen conditions may arise that could necessitate the performance of additional procedures.

I also authorize the use of appropriate anesthetics and/or other medications deemed necessary for the performance of such surgical and/or therapeutic procedures determined to be indicated.

I have been advised as to the nature of the procedure(s) and /or operation(s) and the risks involved and I understand that results cannot be guaranteed.

I understand that hospital support personnel may be involved in the care of my horse(s). Any medical care provided by these individuals will be under the instruction of the veterinarian.

Furthermore, if an animal is insured, it is solely your responsibility to notify the veterinarian if you require that an insurance company be notified prior to any treatment taking place.

I agree to indemnify and hold Bracken Equine Clinic P.C., clinic veterinarians and/or clinic employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I have read the foregoing and agree:

Owner / Agent Signature

Address

Phone