

**COUNTY LINE ANIMAL HOSPITAL**  
**EQUINE - General Consent Form**

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

Owner's  
Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Dentistry  \_\_\_\_\_

Castration  \_\_\_\_\_

Laceration Repair  \_\_\_\_\_

Vaccinate  \_\_\_\_\_

Other  \_\_\_\_\_

I, the owner and/or the authorized agent of the animal described above, give authority to execute this consent. I hereby give County Line Animal Hospital, 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. 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 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. I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TODAY'S CONTACT PHONE NUMBER \_\_\_\_\_