

EQUINE SURGICAL RELEASE



Date:

Patient:

Owner:

Weight:

I, the undersigned, owner of the animal named above, hereby consent and authorize Murdoch Veterinary Clinic and its staff to perform the elected surgery as described below:

Signature

Daytime Number(s)

Has your horse been vaccinated for tetanus in the last 11 months?

Please Initial:

Yes

No

Please read and sign below:

All unvaccinated horses are at risk of contracting TETANUS. This is a fatal disease caused by bacteria in soil. Tetanus is the result of puncture wounds, open lacerations, surgical incisions and exposed tissues becoming infected with the causative bacteria. Tetanus toxoid is a core equine vaccine, and is strongly recommended by our Veterinarians and staff.

Due to the Tetanus anti-toxin being unavailable, there is no treatment if your horse contracts this disease. Tetanus is deadly and irreversible.

If you initialed NO in the above box, please read and sign the following waiver:

I am aware that because my horse is not up to date on his/her Tetanus vaccine, it is Murdoch Veterinary Clinic policy for my horse to receive his/her Tetanus vaccine during today's surgery, and that a booster will be dispensed to be given 3-4 weeks post-surgery. This is minimal protection to my/our equine and is not a standard vaccine schedule and may not provide adequate protection against Tetanus.

I/we understand that my/our equine may be at an increased risk as he/she has not been vaccinated against TETANUS. I/we release, waive and forever discharge MURDOCH VETERINARY CLINIC, its associates, employees and representatives from any responsibility and/or liability of any sickness or death which may become of my/our equine and assume all health risks in preparation for, during and in the recovery phase of the elected surgery, and while the animal is under their care and supervision.

Signature

Daytime Number(s)