

# COOSA VALLEY EQUINE CENTER, PC

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## **SURGICAL / TREATMENT CONSENT FORM:**

### DEPOSIT REQUIRED PRIOR TO SURGERY/TREATMENT

\$3,000 Colic Surgery; \$1,000 Medical Colic Treatment; 1/2 Estimate \$ for Elective Surgery

I am the owner or agent for the owner \_\_\_\_\_ (name) of \_\_\_\_\_ (name of horse) and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s) \_\_\_\_\_ as discussed with me by \_\_\_\_\_ (name of veterinarian).

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

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

Scientific progress offers genetic banking preservation/reproduction of horses by artificial means (cloning, testicular & ovarian tissue harvest, etc.). I decline pursuit of those procedures in face of terminal situations.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Witness to Above Signature