



Patient Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

## EQUINE CONSENT FOR ANESTHESIA AND/OR TREATMENT

I hereby certify that I am the owner, agent or caretaker of the above named animal and have the authority to execute this consent. I hereby authorize the use of anesthesia and the recommended diagnostic tests and/or treatments to be performed as described. The risks of anesthesia have been described to me. I understand that there are inherent risks with anesthesia including, but not limited to complications, such as breathing problems, heart problems, allergic reactions, low blood pressure, recovery injuries and even death. I understand there are inherent risks to any medical procedure or diagnostic tests. I understand that not all complications can be foreseen. I understand the doctors and staff of Animal Imaging will use all means possible to ensure the safety and well-being of the above animal. However, there are some circumstances and complications that are beyond our control and no guarantees of the above referenced animal's safety can be made. I understand there can be no guarantee as to the success of any diagnostic test or treatment that has been recommended. I understand there is no guarantee that any personal belongings/medications left with the above reference animal will be returned, although Animal Imaging will make every effort to do so.

I agree to indemnify and hold harmless Animal Imaging from and against any and all liability arising out of the performance of any of the procedures referred to above. I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of Owner, Authorized Agent or Caretaker

\_\_\_\_\_  
Date