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Kim Ipock, DVM

Disclaimer

Owner's Name: _____

Address: _____

Patient's Name: _____

I am the owner or agent for the owner of the animal(s) described above, and I have the authority to execute this consent.

I hereby consent and authorize Dr. Kim Ipock to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. These risks have been explained to me. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that necessitate the performance of additional procedures. Rare complications could result in injury or death to the above named horse.

I authorize the use of appropriate anesthesia and pain relief medications as needed before or after the procedure. I have been informed that there are risks involved with any medication.

Client's/Agent's signature

Date