



Wolf Creek Equine Hospital

936 Fiorenza Drive

Lothian, MD 20711

Office: (410) 741-1473

Wolfcreekequine@gmail.com

Surgery Consent Form

OWNER'S NAME: _____

PHONE NUMBER: _____

EMAIL: _____

HORSE'S NAME: _____

BREED: _____ AGE: _____ SEX: _____

PROCEDURE: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

I authorize Wolf Creek Equine (WCE) to perform procedures on the above noted horse (s) as required. WCE will follow practical and reasonable procedures to reduce the chance of injury or sickness in horses cared for at our facility. I understand that emergency procedures may be needed in life saving situations (i.e. colic, laminitis, etc.) and that these procedures may need to be carried out before I can be contacted. WCE will make every effort to contact the owner, trainer, or other authorized agent prior to initiating any unauthorized diagnostic test or medical treatments related to an emergency situation. However, I authorize WCE to administer emergency treatments considered necessary.

In addition, I understand the inherent risk associated with equine medicine, surgery and anesthesia. If I do not understand the risks or consequences, I acknowledge that it is my responsibility to ask and that WCE and its staff will explain the risk involved.

By signing this form, you understand that you release Wolf Creek Equine from all liability for hospitalization and treatment of your horse during its stay.

OWNER/AGENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

At Wolf Creek Equine, we are dedicated to ensuring a positive and affordable experience for our clients. If you have any questions or concerns, please speak with one of our doctors or staff members.