



# MEDDLETON EQUINE

## PERFORMANCE HORSE MEDICINE & SURGERY

### Informed Consent and Release

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I, the undersigned, certify that I am the owner of the horse described above or that I otherwise have complete authority to execute this consent.

I hereby consent and authorize Meddleton Equine, Inc. (Mark Meddleton DVM and/or any Veterinarian employed by Meddleton Equine, Inc.) to perform the following procedure(s) or operation(s):

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I understand that support personnel will be employed as deemed necessary by Meddleton Equine, Inc. 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 operations(s) than those set forth above. I further understand that any extension of procedures may result in additional expenses. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of Meddleton Equine, Inc.'s professional judgment. I agree to pay veterinary fees as determined by Meddleton Equine, Inc. and costs associated with such procedure(s)/operation(s) regardless of outcome. I also agree to pay for any additional expenses incurred due to unforeseen complications above and beyond the original estimate.

I also authorize the use of appropriate anesthetics, pain medications, and other medications. I am aware of and understand the risks involved in the use of medications and drugs, particularly those relating to anesthesia, including injury and death.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I hereby release Meddleton Equine, Inc. and its agents and employees from any and all liability relating to the diagnosis, care and treatment of the patient identified above, including but not limited to the performance of the actual procedure(s)/operation(s), and advice regarding the care and treatment of the horse identified above. I further indemnify and hold harmless Meddleton Equine, Inc. and its agents and employees with respect to any claims made against Meddleton Equine, Inc by any other person or entity relating to the care and treatment of the patient identified above.

I have read and understand this authorization and consent.

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**Signature of Owner or Agent for Owner**

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**Date**

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**Printed Name**