



David J Crum, DVM
Sports Medicine, Lameness, Dentistry
And Minor Surgery

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Field Castration Informed Consent

Owner/Agent: _____ **Owner/Agent must be over 18**

Horse: _____ **Age:** _____

The field castration of your animal will be performed under the direction of our Veterinary Staff who is committed to providing your animal quality Veterinary care. Despite the provision of such care, some animals may develop additional disease conditions or complications. In some cases, these conditions will require additional treatment, raising the cost of this procedure above the routine expenditure. Occasionally, complications may be so severe that they result in patient death or extreme morbidity, sufficient to require humane euthanasia. While every reasonable effort to recognize and prevent these situations will be made, you should be aware that complications can and do occur. Crum Equine Veterinary Service cannot be held responsible for any complications that may arise during or after surgical procedures.

This procedure requires heavy sedation and/or general anesthesia. Although the risk of death or injury during the anesthetic induction, positioning, and recovery is present, it is considered to be minimal. Risks are the greatest in large, old, or medically compromised animals. Both anesthesia and severe illness constitute substantial stresses for the affected animals. Horses that are seriously ill or anesthetized can develop diarrhea, laminitis, musculoskeletal problems, pleuropneumonia, severe infections, severe bleeding, or evisceration from the surgical incisions. These conditions may be expensive to treat and often cannot be resolved satisfactorily, thereby necessitating euthanasia.

By signature, you acknowledge and accept that certain expenses and risks do exist surrounding the field castration of your horse. You agree to indemnify and hold Crum Equine Veterinary Service harmless from and against any and all liability arising out of the performance of any of the procedures referred to above. Further, you agree to the payment estimate (call charge, castration fee, tetanus vaccine, anesthesia, and antibiotics) and all additional costs incurred during this procedure.

Client/Agent Signature: _____ Date: _____

Veterinarian Signature: _____ Date: _____