



## EQUINE ABORTION POST MORTEM CONSENT FORM

### ADMISSION AND CONSENT DETAILS

Please fill in required fields as marked \*

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After filling in form email to:

info@tamworthequine.com.au

### CONSENT DETAILS

#### OWNER

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (W): \_\_\_\_\_ (H): \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

STUD / STABLE: \_\_\_\_\_

Lab No. \_\_\_\_\_

#### HORSE

NAME: \_\_\_\_\_

SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_

LAST SERVICE DATE: \_\_\_\_\_

PM REQUESTED BY: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_

CONSENT/COMMUNICATION: \_\_\_\_\_

#### HISTORY

Have there been previous abortions on this farm this year? ☐ YES ☐ NO DATE: \_\_\_\_\_

Has the mare aborted in previous years? ☐ YES ☐ NO DATE: \_\_\_\_\_

Has the mare previously delivered sick/dummy foals? ☐ YES ☐ NO DATE: \_\_\_\_\_

Has the mare had discharge? ☐ YES ☐ NO ☐ UNKNOWN DATE: \_\_\_\_\_

#### PREVIOUS MEDICATION GIVEN TO MARE

DRUG	DOSE	DOSE FREQUENCY

#### ABORTION/ POST MORTEM CARE CONSENT

I/We give consent for a Post Mortem examination to be performed on the above named animal by Tamworth Equine Veterinary Centre and agree to pay all charges incurred.

\* Signed: (OWNER / AGENT) \_\_\_\_\_ \* DATE \_\_\_\_\_

I/We understand that veterinary data obtained at Post Mortem may be used for future scientific publications ensuring that client confidentiality will be maintained.

VERBAL CONSENT / AUTHORISATION ON BEHALF OF \_\_\_\_\_

SIGNED (OWNER / AGENT) \_\_\_\_\_

NO POST MORTEM PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE