



GENERAL CONSENT FORM

Please read, complete and sign before returning to info@noosaequinevet.com.au

NOTE: SIGNED CONSENT IS REQUIRED BEFORE CONSULTATION EXCEPT IN THE EVENT OF AN EMERGENCY AS DETERMINED BY NOOSA EQUINE VET

OWNER DETAILS

NAME		DATE	
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HORSE DETAILS

NAME		BREED	
DOB & AGE		SEX	
COLOUR		MICROCHIP NO.	
TETANUS VACCINATION	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DATE ADMINISTERED	
HENDRA VACCINATION	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DATE ADMINISTERED	

REFERRING VET

NAME		PRACTICE	
MOBILE NO.			

NEW CLIENTS NEED TO COMPLETE DETAILS BELOW.

ALTERNATIVELY, EXISTING CLIENTS' MAY UPDATE DETAILS AS NEEDED.

COMPANY/BUSINESS		ABN	
RESIDENTIAL ADDRESS			
POSTAL ADDRESS			
MOBILE NO.		EMAIL	
DRIVER'S LICENSE NO.		STATE OF ISSUE	

REASON FOR CONSULTATION



ACKNOWLEDGEMENT & CONSENT

By signing this form, I (as the Owner or the Owner's Representative on behalf of the Owner):

1. Authorize Noosa Equine Vet to administer veterinary treatment and associated care for the animal(s) and accept the estimated value provided for treatment. I agree to pay all charges incurred upon receipt of the invoice. I understand that the estimated value is an estimate only, and the final fee may vary outside this range. This estimate does not include additional procedures, treatments, medications dispensed, or future visits.
2. Understand that there are risks associated with any procedure despite all precautions taken to minimize such risks. If further services are required for the animal(s), or if complications occur, additional expenses will be incurred and are payable by the Owner. I understand that I must remain contactable at the phone number provided above, and Noosa Equine Vet will attempt to contact me for consent in the event of complications. In emergency situations, or in the event of safety risks to staff or animals, I authorize Noosa Equine Vet to administer treatments as deemed necessary, which may include, but is not limited to, sedation, anesthesia, and euthanasia. I agree to pay additional costs associated with emergency treatment.
3. Understand that Noosa Equine Vet will NOT provide consultations to horses unvaccinated for Hendra Virus.
4. Agree to indemnify Noosa Equine Vet from and against all losses and expenses incurred due to a failure of the Owner to fully observe its obligations under this form, and against any liability associated with Noosa Equine Vet's care and treatment of the horse to the extent permitted by law.
5. Consent to Noosa Equine Vet forwarding any relevant history or information to a current, previous, or future veterinarian, and/or referring veterinarian, and/or the Owner's insurance company.
6. Agree that failure to pay all outstanding fees due to Noosa Equine Vet may result in additional charges.
7. Acknowledge that all copyrights of records, including but not limited to radiographs, photographs, videos, telemedicine records, and samples, shall remain the property of Noosa Equine Vet.
8. Consent for records, including but not limited to radiographs, photographs, videos, telemedicine records, and samples made on the Owner's behalf, to be used confidentially for research and teaching purposes for the benefit of animal health, welfare, and student education.
9. Warrant and declare that the Owner (or the Owner's Representative on behalf of the Owner) understands and accepts that failure to pay all outstanding fees due to Noosa Equine Vet may result in one or more of the following actions, at Noosa Equine Vet's absolute discretion (without limiting its rights to damages or other legal remedies):
 - a. Refusing to provide further services;
 - b. Disclosing information about the Owner's overdue payment to a credit reporting body; or
 - c. Initiating debt recovery directly or through a third-party debt collector.
10. Warrant that if this form is being completed by an Owner's Representative, that person is duly authorized by the Owner to sign this form on behalf of the Owner and to provide instructions and consent regarding the animal's treatment.

Owner's Name

Representative's Name

SIGNATURE PLACE DATE