



GARDEN STATE EQUINE
VETERINARY DENTISTRY
A more comfortable horse today, a healthier horse tomorrow.

Surgical Consent Agreement

Owner's Name: _____

Patient's Name: _____

Authorized Agent: _____

Phone number: _____

Relationship to Owner/Patient (i.e. trainer, leasee, etc.): _____

Name of Surgical Facility Where Procedure Is Being Performed (if not Garden State Equine Veterinary Dentistry, LLC): _____

Procedure Date: _____

Referring Veterinarian Name:

Current Medications: _____

Date of Last Tetanus Vaccine: _____

I, the undersigned, hereby certify that I am the owner or agent for the owner of the above-described Patient and have the authority to execute this Surgical Consent Agreement (the "Agreement"). I hereby give my consent and authorize the performance of the surgical procedure described on Appendix A attached hereto and made a part hereof, which has been described to me in reasonable detail by a veterinarian of Garden State Equine Veterinary Dentistry, LLC (the "Company").

I understand that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the Company's professional



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judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed. I also understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during, or after the procedure. I understand there are risks associated with the use of any anesthetic or medication.

I understand that surgical procedure may take place at another surgical facility other than the Company premises. I hereby consent and authorize the performance of such procedures at the above-described surgical facility and release such facility from any liability in connection with the surgical procedure described on Appendix A below.

I understand that this veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises.

I understand that I will be responsible for the full payment of costs associated with any and all surgical procedures performed by the Company.

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[Signature Page to Follow]



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I certify that I have read this Agreement carefully, and I understand it in its entirety, and that the information provided above is true and accurate.

AGREED AND ACCEPTED BY:

Print Owner's Name

Print Authorized Agent's Name

Owner's Signature

Authorized Agent's Signature

Date

Date



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Appendix A

The following surgical procedure(s) will be performed on the above-described Patient:

Estimated Cost of Surgical Procedure: _____

Estimate provided by: _____

Consent to Estimated Cost: The above is only an estimate of the services to be provided. The scope of the services may change based on the Patient's needs at the time of the surgical procedure. Therefore, the cost of the surgical procedure may also change. Please initial to indicate your consent to the estimated cost and understanding of this statement: _____