

**ARTIFICIAL INSEMINATION PROCEDURE
CONSENT FORM**

OWNER/AGENT:	HORSE'S NAME:
ADDRESS:	AGE:
	COLOUR:
	BREED:
	SIRE:
	DAM:
TELEPHONE:	Microchip Number:
FAX:	Nearside Brand:
MOBILE:	Offside Brand:

*I (insert name of **owner/agent***)
authorise the Cooroora Veterinary Clinic to carry out the following **ARTIFICIAL
INSEMINATION** procedure on the above described horse using semen from the
stallion.....(insert stallion name).*

*If an agent of the owner, I confirm that I have the express authority of the owner to authorise
the above Procedure.*

*I confirm that the above veterinary practice has advised me of the possible risks and
complications of the Procedure.*

*I acknowledge that I have read the above and understood the nature and consequences of
the Procedure. I understand that the Procedure may involve some risk and I give my consent
for the Procedure to be performed.*

*I undertake to pay all costs incurred in undertaking this Procedure including those associated
with agistment.*

Signature of Owner/Agent

Date:

** Please delete where not applicable*