



# Select Equine Veterinary Services

Renee C. Wanner, DVM & David L. Robertson, DVM

## Informed Consent & Release

Horse Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_

Please describe any known medical conditions, known allergies to any medications, and any medications the horse is currently taking (use the back if more space is needed):

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I, the undersigned, certify that I am the owner of the horse described above or that I otherwise have complete authority to execute this consent. I hereby consent and authorize Select Equine Veterinary Services (or any veterinarian associated with Select Equine Veterinary Services) to perform the following procedure: GASTROSCOPY. This procedure entails viewing the inside of your horse's stomach with a camera attached to an endoscope for the purpose of determining if your horse has EGUS (Equine Gastric Ulcer Syndrome).

I also authorize the use of appropriate sedatives, anesthetics, pain medications, and other medications that may be required for this procedure. I am aware of and understand there are risks involved in the use of these medications and drugs, particularly those relating to anesthesia. Although the probability is very low, these risks include injury and/or death.

Some of the risks involved with this procedure include: adverse reactions to anesthesia and/or sedation, possibility of injury if the horse becomes fractious, possibility of mild colic symptoms due to insufflation of the stomach during the gastroscopy, very low possibility of a tear or perforation to the esophagus or stomach, and the possibility of a bloody nose associated with the passing of the scope.

I understand that during the performance of the foregoing procedure, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or different procedure or operation than those set forth above. I further understand that any extension of



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the procedure may result in additional expenses. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of Select Equine Veterinary Service's professional judgment. I agree to pay veterinary fees as determined by Select Equine Veterinary Service and costs associated with such procedure(s)/operation(s) regardless of outcome. I also agree to pay for any additional expenses incurred due to unforeseen complications above and beyond the original estimate.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I hereby release Select Equine Veterinary Services and its agents and employees from any and all liability relating to the diagnosis, care and treatment of the patient identified above, including but not limited to the performance of the actual procedure(s)/operation(s), and advice regarding the care and treatment of the horse identified above. I further indemnify and hold harmless Select Equine Veterinary Services and its agents and employees with respect to any claims made against Select Equine Veterinary Services by any other person or entity relating to the care and treatment of the patient identified above.

I have read and understand this authorization and consent. I have read and understand the requirements necessary to be performed prior to the procedure, including withholding food and water (described in detail on the following page).

Signature of Owner(Agent)\_\_\_\_\_

Date Signed\_\_\_\_\_

Print Name of Owner (Agent)\_\_\_\_\_



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## Preparation of the Horse for a Gastroscopy

### Fasting of the Horse

The horse requires fasting for a period of *at least 16 hours* prior to their scheduled gastroscopy time. For example, if your horse's appointment is at 9 AM, he or she should not receive any food after 5 PM the previous day.

**All food, hay, and shavings must be removed from the horse's enclosure.** Care must be taken to ensure that all scraps are also removed. Remove all shavings and bedding from the stall. If necessary, a grazing muzzle should be used to further ensure that the horse does not continue to graze on bedding/shavings/wood from the stable and walls.

Why remove bedding and muzzle your horse? Horses will eat straw, shavings, sawdust, etc. even through a muzzle and may even eat their own manure if hungry enough.

### Removal of Water

At no later than 4 hours (but as many as 6 hours in cooler weather), prior to the planned gastroscopy time, the horse should have water removed from its enclosure. If the appointment time is at 9am, remove water at 5am or as early as 3am on cooler days/nights.