



# GREAT BASIN EQUINE MEDICINE & SURGERY, INC.



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## Equine Castration Surgery Release

Client's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Please take a few moments to read through these notes and possible complications and ask any questions you may have.

It is important to remember that a routine castration is major surgery for your horse. Although complications are rare, they can and do occur. Possible complications following routine castration are outlined below.

1. Excessive edema (swelling): The most common complication of castration. Generally, swelling is greatest around the 4<sup>th</sup> day post-operatively. Vigorous exercise will help promote drainage and reduce swelling.
2. Excessive hemorrhage: Dripping of blood is expected, however unabated streaming of blood is a signal for alarm.
3. Infection: Vigorous exercise to promote drainage may help decrease the incidence of infection.
4. Evisceration: Bowel coming through the incision site. Although uncommon, this is a life-threatening complication of castration surgery and is treated as an emergency.
5. Peritonitis: Infection within the peritoneal (abdominal) cavity. This is a rare complication of castration surgery.
6. Respiratory disease: This may occur if the horse was sub clinically affected with lung or airway disease prior to the anesthetic episode.
7. Fracture of a bone: This is rare, but does occur in horses recovering from general anesthesia. If this occurs, it usually requires the horse to be humanely euthanized.

I consent to and authorize the performance of this procedure in the exercise of professional judgment of the veterinarian in charge of the animal. I authorize the use of appropriate anesthetics and other medications and understand that the hospital support personnel and veterinary students, under the supervision of graduate veterinarians, may be utilized in the management and treatment of the animal. I also consent to the taking of photographs and/or video for the purpose of advancing veterinary medical knowledge. I certify that I am the owner or duly authorized agent of the owner, have the authority to execute this consent form and that I have read this page. I understand that the surgery, anesthesia and treatment all involve a degree of risk, which I am willing to assume.

PERMISSION FOR CASTRATION SURGERY IS GIVEN: (please circle)            YES            NO

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_