



Operation Gelding Signed Consent Form

I have read the Operation Gelding Application for Assistance information and understand the content within it. The veterinarians and the South Carolina Horse Council Horse Welfare Committee reserve the right to refuse to perform the procedure on any particular stallion.

I understand that Operation Gelding veterinarians are not able to perform an extensive pre-operative diagnostic evaluation. I understand that complications may arise and that there is an additional anesthetic risk when this procedure is performed. I understand that my stallion will be anesthetized for this procedure and that there is risk involved with anesthesia, including unexpected death. I further understand that the procedure may be performed by veterinary students under very close supervision of the veterinarian on hand. I further understand and agree to follow the "Aftercare Instructions".

I shall not hold the SCHC, any SCHC representatives, members, or board members, the SCHC Horse Welfare Committee, any sponsors, the attending veterinarians, veterinary students, any veterinarian practice, technicians, or any other person, group, or entity involved in the procedure liable should a stallion experience any complications or death from an Operations Gelding procedure. I further agree to release aforementioned parties from all claims and liability arising from any procedure through Operation Gelding, any aftercare complications or this agreement. This agreement shall be binding upon the undersigned and upon their heirs and assigns.

This agreement shall be governed, construed and interpreted in accordance with the laws of South Carolina. Any amendment to this agreement shall not be binding upon any of the parties hereto unless such amendment is in writing and executed by all the parties including a signature from a SCHC Board Member.

Print Name: _____
Signature of applicant: _____
Stallion Name: _____
Description of Stallion: _____
Date of Castration: _____
Phone Number of Horse Owner/ Attendee: _____
Witness Name: _____
Witness Signature: _____
Date: _____

I hereby grant to SCHC Operation Gelding and its representatives the irrevocable and unrestricted right to use and publish photographs of me and /or my horse for educational, advertising and promotional purposes in connection with SCHC Operation Gelding. I hereby release SCHC Operation Gelding and its representatives from all claims and liability relating to said photographs.

Signature: _____