



Operation Gelding Signed Consent

Palmetto
Equine
Awareness &
Rescue
League



Horses lend us the wings we lack.
Author Unknown

I have read the Operation Gelding Application and understand the content within it. Dr. Keith Stafford, Dr. Alice Beretta, and P.E.A.R.L. reserve the right to refuse to perform the procedure on any particular stallion.

I understand that the 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 a 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 P.E.A.R.L. or any of its representatives, Beretta Equine Veterinary Services or any of its representatives, Stafford Equine Veterinary Services or any of its representatives, any sponsors, attending veterinarians, veterinary students, technicians, or any other entity involved in the procedure liable should a stallion experience any complications or death from an Operation 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 P.E.A.R.L. Board Member.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

Phone Number: _____

Stallion Name: _____

Stallion Description: _____

Date of Castration: _____

Print Witness Name: _____

Witness Signature: _____ Date: _____

I hereby grant to P.E.A.R.L., Beretta Equine Veterinary Services, Stafford Equine Veterinary Services, and their 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 the Operation Gelding clinic. I hereby release the above named and their representatives from all claims and liability relating to said photographs.

Applicant Signature: _____ Date: _____