



ADELAIDE PLAINS EQUINE CLINIC

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Castration Clinic Form

Owners Name: _____ Phone Number: _____

Horse Name: _____ Registered Name: _____

Age: _____ Breed: _____ Colour: _____

NOTES: _____

Do you require a certificate of castration? Yes No

Will you be dropping the colt off? Yes No

Drop off time: _____ Pick up time: _____

Do you need a microchip? Yes No

(Reminder: please bring all breed registration/microchip forms)

Place microchip sticker here

Tetanus Status:

Had one or both in last 12 months

Never had one

Had one but needs booster

Costs:

Castration only (no tetanus)

Castration with tetanus booster

Castration with TT & TAT

Microchip

Total Cost: \$ _____

Paid \$ _____ Cash Cheque EFTPOS

OFFICE NOTES

QB MR