

ADMISSION & AUTHORIZATION FOR IN CLINIC DAY PROCEDURES

Client Information

Name: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Cell: _____

Email: _____

Patient Information:

Name _____ Age: _____ Sex: _____

Breed: _____ Color: _____

Reason for Admission:

Current Medications:

Feeding Instructions:

I, _____ am the owner or agent for the owner of the above-described horse and have the authority to execute this consent. I hereby consent and authorize the performance of the follow procedure(s) and/or operation(s):

Please read, initial and sign below.

_____ I certify that I own/have assumed financial responsibility for the above described animal and I do hereby consent and authorize Horizon Equine Veterinary Clinic Ltd., and its staff to hospitalize this animal and to administer vaccinations, medications, tests, surgical procedures, anesthetics or other treatments the doctors deem necessary for the health, safety, or well-being of the above animal while under their care and supervision. I have been advised as to the nature of the procedure(s) and/or operation(s) and have been informed of the associated risks. I realize that results cannot be guaranteed and that complications may occur despite the best efforts of the veterinarians and staff of Horizon Equine Veterinary Clinic Ltd.

_____ If this horse should become ill, injured, or die while in the hospital, I will hold Horizon Equine Veterinary Clinic Ltd., and its staff free of any/all responsibility and/or liability. I understand that after hours and weekend attendance of hospital patients is at the discretion of the veterinarian and that a veterinarian may not be always on the premises in attendance.

I have read and understand this authorization and consent.

Owner/Authorized Agent: _____ Date: _____

Print Name: _____

Admitted & Witnessed by: _____

TERMS OF PAYMENT

Please read the following and Initial where applicable

_____ I further realize that I am responsible for payment of the above procedures and treatments **IN FULL AT TIME OF DISCHARGE** and the credit card listed below is the credit card that will be used to complete full payment owing.

_____ I acknowledge that any previous veterinary visit or services at my "home" location is **NOT INCLUDED** in this estimate and will be billed separately from this estimate. This also applies to any visit that directly resulted in referral for in-clinic care at Horizon Equine Veterinary Clinic Ltd.

_____ I agree to pay a 50% deposit of the estimate. The estimate is \$ _____

Credit Card: _____ Exp: _____ CVV: _____ MC VISA

Owner/Authorized Agent: _____ Date: _____

Print Name: _____

Admitted & Witnessed by: _____