



Client Information

Client Name: _____

Farm Name/Boarding Farm (if applicable): _____

Physical Address (required; P.O. Boxes are not acceptable):

Mailing Address (if different than Physical Address):

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Fax: (_____) _____ - _____ Email: _____

Equine Information

Number of Horses Owned by You (100% or less) to be Put Under Your Account: _____

Name(s) of Horse(s):	Age:	Sex:	Color/Breed:	*Do you own 100%?
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO
_____	_____	_____	_____	YES / NO

**If you answered "NO" to whether any or all the above horses are owned 100% by you, please provide the additional Owner's name, address, phone number and percentage of ownership below. As soon as Park Equine Hospital (PEH) can verify the information you provide, a separate account will be made for the owner and the horse(s) will be split billed accordingly or placed on the actual owner's account. If the information cannot be verified, we will contact you, however the horse will remain on your account. In signing this form, you accept personal responsibility for all horses under your account if you wrote them down as 100% owned by you.*

Horse Name: _____ Owner Name: _____

Owner Address: _____

Owner Phone Number: (_____) _____ - _____ Percentage Owned: _____

Horse Name: _____ Owner Name: _____

Owner Address: _____

Owner Phone Number: (_____) _____ - _____ Percentage Owned: _____

Additional Information

Driver's License Number: _____ Issuing State: _____

Social Security Number: _____-_____-_____

Third Party Authorization of Treatment of My Horse(s)

If you would like to authorize any third parties to authorize, approve, and/or deny treatment to the horse(s) listed on the reverse side of this form, please provide the information below. *(If you wish to allow the farm where your horses are boarded at to be able to authorize treatment on your horse(s) please put that farm name below, otherwise it will be necessary to contact you each time work is needed to be done on your horse(s).)*

Name of Person/Entity Authorized: _____

Is this authorization solely for pharmacy purposes (e.g., picking up medication)? YES NO

Please note: You will not be contacted prior to PEH's acting in response to the above-mentioned party's authorization and/or instruction if you marked "NO" on the above question. You understand that PEH will follow the above-mentioned party's instructions, which you are authorizing; that all charges accrued while PEH follows those instructions will be put under your account; and *you are responsible and agree to pay those charges.*

Authorization

I, being responsible for the described animal(s) on this form, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my animal.

You are to use all reasonable precautions against injury, escape or death from my animal(s), but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

- I authorize the use of appropriate sedation and/or other medication(s). I understand that there are certain risks to anesthesia that could involve serious bodily injury or death. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

- I understand during the performance of the foregoing procedure(s), unforeseen conditions may require an extension of or different procedure(s) than those set forth above. I hereby consent to and authorize the performances of each procedure or operation as is deemed necessary and advisable in the professional judgment of the veterinarian.

I have read and understood this consent form; I understand the results cannot be guaranteed. I consent to the proposed treatment/procedure discussed with the treating veterinarian(s). The above provided information is true and accurate to the best of my knowledge. I have the authority to authorize and/or instruct a veterinarian to care for the animal(s) I have listed on this form. I assume personal responsibility for all charges made to my account and understand that unless I provide the name and contact information for a different owner who can be verified by PEH, all horses listed on this form, or provided later without the above information, will be put under my account. ***I understand that it is my responsibility to notify PEH immediately upon noticing incorrect information contained in my account.***

I understand and agree to the terms of this form, and I hereby authorize the veterinarians of PEH to examine, prescribe, and treat the horse(s) I have listed.

Client Signature

Date

**Would you prefer paperless invoices, receipts, and/or statements?
(If yes, please make sure you have a provided an email address on page 1.)**

YES / NO