



**Contact Information**

Stall Number: \_\_\_\_\_

Date Admitted: \_\_\_\_\_  
Boarding Farm/Trainer: \_\_\_\_\_  
Shipping Company: \_\_\_\_\_  
Owner: \_\_\_\_\_  
**Responsible Billing Party:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Is Your Horse Insured?** Yes No (circle one)  
Name of Insurance Company? \_\_\_\_\_  
Attending Vet: \_\_\_\_\_

Date Discharged: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
**City:** \_\_\_\_\_

**Horse Information**

Patient Name: \_\_\_\_\_  
Dam/Foal Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Sex: \_\_\_\_\_ Breed: \_\_\_\_\_  
Belongings (halter, blanket, lead rope, leg wraps, etc.): \_\_\_\_\_

**Feeding/Special Instructions**

**Surgical/Anesthesia and Treatment Consent**

I, being responsible for the described animal on this form, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my animal. I understand the surgery or treatment contemplated is:

You are to use all reasonable precautions against injury, escape or death of my animal, 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.

**Notice of Fees**

You agree to pay all charges incurred by PEH if a check is returned for insufficient funds or otherwise. You also agree to pay a thirty-five dollar (\$35) service charge should this happen. These charges will be added to your account and you will be billed accordingly. Should PEH be required to seek collections on your account due to nonpayment, you will be responsible for reimbursement to PEH for any and all collection-related expenses, including but not limited to reasonable attorney fees, court costs, filing, and any collection fees.

**Release of Information**

If you would like any third parties (boarding farm, relatives, etc.) to be given information on your horse (updates on status, etc.), please list them below. If your horse was referred to PEH by another veterinarian we will update that veterinarian periodically on your horses' status and notify them of discharge instructions and medications that your horse may be on following release from the hospital.

Name of Person(s)/Entity(ies): \_\_\_\_\_

The above information is true and accurate to the best of my knowledge. I assume personal responsibility for all charges made to my account. I understand that it is my responsibility to notify PEH immediately with the above information 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 I have listed above.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date