



Patient: _____

Reason for Admission to the Hospital

Age: _____ Previous Patient: Y / N

Breed: _____ Color: _____

Referring Veterinarian

Gelding _____ Mare/Filly _____ Stud\Colt _____

The Horse Cross Ties: Yes _____ No _____

Surgeon: _____

Does the horse bite, kick, strike or have any other vices? _____

Intern: _____

Insurance Company: _____

Known Allergies: _____

Mortality: Y / N Surgical: Y / N

Specific Requests: _____

Bill to: _____
Owner: _____

Trainer: _____
Agent: _____

Street: _____

Street: _____

City: _____

City: _____

Prov/State: _____ Postal Code: _____

Prov/State: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cellular Phone: _____

Cellular Phone: _____

Fax #: _____

Fax #: _____

Estimated Cost: \$ _____ + GST Credit Card Number: _____ Exp Date: _____

I am the legal owner or agent of the horse described herein and I have the authority to execute this consent and authorize the performance of the above procedure(s). I understand the risks that may be involved. I have had the fees for the above procedure(s) outlined to me and agree to pay all such fees and charges. (An interest charge of 1.8% monthly, 28% yearly will be applied to all overdue accounts.)

Emergency Cases must have a credit card at time of arrival
All charges are due at the time of discharge

Referring Veterinarian code: _____

ADMISSION: Owner/Agent _____

Date _____ 2010

A faxed signature will be considered as an original.

DISCHARGE: Owner/Agent _____

Date _____ 2010

A faxed signature will be considered as an original.