



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: \_\_\_\_\_

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

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 \_\_\_\_\_  
A faxed signature will be considered as an original.

Date \_\_\_\_\_ 2011

DISCHARGE: Owner/Agent \_\_\_\_\_  
A faxed signature will be considered as an original.

Date \_\_\_\_\_ 2011