



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 _____
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**