



HOSPITAL ADMISSION AND CONSENT TO TREAT

CONTACT INFORMATION (NEW CLIENTS MUST FILL OUT NEW CLIENT FORM):

Owner: _____ Date: _____

Cell: _____ E-mail: _____

Alternate contact: _____ Phone _____

Referring (regular) Veterinarian: _____ Insurance Company: _____

It is owner / agent's responsibility to notify the insurance company.

PATIENT INFORMATION:

Registered Name: _____ Barn Name: _____

Age/DOB: _____ Breed: _____ Sex: _____ Color: _____

Feeding Schedule at Home and any Current Medications:

REASON FOR ADMISSION: _____

Admitting Veterinarian: _____

Financial Estimate for Services: _____

PAYMENT FOR ALL SERVICES RENDERED IS DUE AT TIME OF COMPLETION OF SERVICES.

(Initial) _____

I, the undersigned, attest that I am the owner or the owner's agent for the above animal and have the authority to execute this consent.

I hereby authorize SWEH to perform such procedures or therapies as are determined to be needed by the attending veterinarian. I furthermore agree to indemnify SWEH for all services performed and hold harmless SWEH and their doctors or agents from and against all liability arising out of the performance of procedures and therapies.

I understand that unforeseen complications may occur, which may necessitate further therapies or procedures for the benefit of the patient.

I understand that there are inherent risks to horses undergoing invasive medical procedures, general anesthesia and surgery, including injury and/or death of the animal. I understand that if my horse requires colic surgery and a Board Certified Surgeon is not available, colic surgery will be performed by a Board Certified Internal Medicine Specialist or my horse will be referred to another surgical center.

I understand that my horse will not be continually monitored over a given 24hr period. The attending veterinarian will determine the frequency of monitoring according to the patient's condition.

I authorize payment of a deposit (50% of the final estimate) upon admission, and agree to pay the invoice balance in full immediately upon completion of services and/or prior to discharge. In the case of extensive treatment, payment installments will be provided on a weekly basis during patient's hospitalization. I have been If management authorizes billing of the invoice, interest is applied at 1.5% monthly (18% annually), and unpaid invoices will be sent to collections 60 days from last service.

Signature of Owner / Responsible Agent