

Sweet River Equine Clinic Inc.

Equine Registration

Owner's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Employer: _____

Work Phone: _____

Spouse: _____

Spouse's Employer: _____

Spouse's Work Phone: _____

E-Mail: _____

Date: _____

Please check one:

New Client

Current Client Update

Current Client new animal

Farm/Trainer: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Home Phone: _____

Name of Horse: _____

Color: _____

Tattoo/ID#: _____

Breed: _____

Age: _____ Sex Male G/S Female

Identifying Marks: _____

METHOD of PAYMENT

Cash Check MC/VISA/AMX/DISC Other: _____

Credit Card Number _____ Exp. Date: _____ CVV#: _____ on back

Driver's License Number _____ Social Security #: _____

Insured: Yes No Mortality Insurance Surgical Insurance

If yes, Insurance Company /Agent _____

I am the owner or agent of the horse described above, and have the authority to execute this consent.

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgment of the veterinarian.

I understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby authorize the performance of such procedure(s) or operation(s) as are necessary and advisable in the professional judgment of the veterinarian.

If the horse is insured, I agree that it is my responsibility to notify the insurance company as required under the terms of the policy. I authorize you to release information required by the Insurance company or adjuster.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described horse. I assume responsibility for all charges incurred in the care of this animal.

I understand that these charges will be paid at the time such services are provided unless previous arrangements have been made. I also understand that a deposit may be required for surgical treatment.

I agree to indemnify and hold Sweet River Equine Clinic, Inc, harmless from and against any and all liability arising out of performance of any procedure as well as any losses or injuries due to care, custody, or handling.

I have read and understand this consent.

Signature of Legal Owner/Agent _____ Date: _____

